

Cherokee County Board of Commissioners
Regular Meeting Agenda
February 6, 2023
6:30 P.M.

- I. Call to Order by Chairman Cal Stiles**
- II. Invocation**
- III. Pledge**
- IV. Reading of Ethics Statement by Clerk to the Board**

“Members of the County Board of Commissioners are advised, hereby, of their duty under the Local Government Ethics Act and should avoid conflicts of interest and the appearance of such conflict; and, further, are instructed to refrain from participating in any matter coming before this Board of County Commissioners with respect to which there is a conflict of interest or appearance of such conflict as may be allowed by law”.

- V. Agenda Modifications**
- VI. Adoption of Agenda**
- VII. Public Comment Period for Draft Noise Ordinance**
Persons wishing to speak must sign in with the Clerk to the Board before the Call to Order. Speakers will be limited to 2 minutes. The Chair, in his discretion, may end the public comment period after 30 minutes. Comments will be limited to the draft noise ordinance. Speakers shall refrain from personal attacks, profanity, and abusive language towards any person. The Chair reserves the right to rule speakers out of order for violation of the aforementioned rules of courtesy and may end the speakers' comment time. All others present during public comment time shall remain quiet, and show courtesy and respect during public comments. No inquiries or comments from the audience will be allowed after the comment period closes, in order to facilitate orderly and efficient conduct of business.
- VIII. Board Discussion and Consideration of [Draft Noise Ordinance](#)**
- IX. Old Business**
 - A) [Resolution Opposing the Creation of a Special Weapons and Tactics \(SWAT\) Team in Cherokee County](#) (Tabled from last meeting)
- X. Budget and Finance**
 - a) [Budget Revision for Contribution to Cooperative Extension for Podcasting Equipment and Support](#) (\$800)
 - b) [Budget Revision for Use of Insurance Proceeds to Replace Wrecked Vehicle at Detention Center](#) (\$18,208)
 - c) [Budget Revision for Additional Funds to Purchase DSS Vehicle](#) (\$24,873)

d) Budget Revision for Use of Fund Balance for Rural Transformation Grant Property Acquisition (\$100,000 – Grant covers \$550,000)

- XI. Tax Releases, Tax Refunds, and NCVTS Report**
- XII. Cherokee County Transit Updated Drug and Alcohol Testing Policy**
- XIII. Community Care Advisory Committee Appointment**
- XIV. Needs and Solutions Advisory Committee Applicants**
- XV. Resolution Opposing Proposed Roundabouts in Murphy**
- XVI. Adopt Schedule for Budget Hearings**
- XVII. County Manager Items**
- XVIII. Chairman/Commissioner Items**
- XIX. Closed Session**
- XX. Adjournment**

CHEROKEE COUNTY MULTIPLE MECHANICAL DEVICE
NOISE ORDINANCE

WHEREAS, the citizens, residents and visitors to Cherokee County are entitled to the quiet enjoyment of residential property.

WHEREAS, the sounds of nature and single machines such as mowers, tractors, hunting implements, a chainsaw and the like are sounds native to rural life.

WHEREAS, the traditional hours of rest and repose require enhanced protection from the cacophony made by continuously operated multiple mechanical devices.

WHEREAS, excessive sound and/or vibration and inadequately controlled noise generated by more than one mechanical device operating simultaneously are serious hazards to public health, safety and welfare and a source of annoyance to the populace.

WHEREAS, NCGS 153A-133 and the general police powers granted by the State of North Carolina authorizes counties within the State of North Carolina to adopt ordinances regulating, restricting or prohibiting the production or emission of noises or amplified speech, music or other sounds that tend to annoy, disturb or frighten its citizens.

WHEREAS, it is the policy of Cherokee County to protect the health, safety and welfare of the people of Cherokee County and visitors thereto and to promote an environment that is free from pollutant and/or excessive mechanical noise and vibration.

WHEREAS, noise originating from multiple mechanical devices disturb the quiet enjoyment of residential property in Cherokee County.

BE IT HEREBY ORDAINED, PROCLAIMED AND DECREED BY THE
CHEROKEE COUNTY, NORTH CAROLINA BOARD OF COMMISSIONERS AS
FOLLOWS:

GENERAL PROHIBITION: It shall be unlawful and strictly prohibited for two or more operating mechanical devices located in one general location to emit sounds that shall cause the ambient sound to exceed an A rated sound level of 70 decibels for a continuous duration of 5 or more minutes as measured at any point on private property outside of property on which the machines are located.

JURISDICTION: This ordinance shall apply to any and all property within the confines of Cherokee County, North Carolina outside of the corporate limits of the Towns of Andrews and Murphy, lands belonging to the Eastern band of Cherokee Indians and lands owned by the local, State or Federal Government, respectively; unless prohibited by State or Federal Law or as exempted herein below.

ENFORCEMENT: Any property owner or property possessor of Cherokee County may make a complaint seeking criminal process from a duly authorized judicial official designated on NCGS 15A-304(f) finding probable cause of a violation.

TIME OF ENFORCEMENT: The provisions of this ordinance shall be enforceable and applicable from sunset until sunrise.

EVIDENCE: There shall be a rebuttable presumption, for purposes of this ordinance, of the accuracy of readings of sound levels if an A-weighted sound level measuring device used to measure the sound is approved or adopted by standards promulgated by the American National Standards Institute (ANSI) or its successor agency. A certificate or owner's manual, or any other similar evidence satisfactory to the Board of Commissioners showing such approval or adoption of the ANSI standards shall be admissible without further authentication and shall be prima facie evidence of accuracy of the sound measuring device.

DEFINITIONS:

- a) Sound – any action or motion that creates or causes vibrations or waves in air molecules that are audible to the human ear.
- b) Ambient sound – total noise in a given environment.
- c) Decibel – A unit for describing the amplitude of sound.
- d) A-Weighted Sound Level- The sound pressure level in decibels as measured on a sound meter using an A-weighted network or range. The level so read is designated as dB(A).
- e) Mechanical device – any machine that generates sound.
- f) Multiple- two or more.
- g) General location – real property upon which 2 or more machines that generate sound simultaneously are located.
- h) Sunrise and Sunset shall be defined as the official times of sunrise and sunset in Murphy, North Carolina as determined and designated by the United States Naval Observatory.

DATE - This ordinance shall be in full force and effect and shall be enforceable beginning on **March 1, 2023**.

NON-EXCLUSIVE REMEDY – Nothing in this ordinance shall hinder or prohibit any other relief, prior to, simultaneously, or subsequent, as may be allowed by law or equity, including, but not limited to, public and/or private nuisance actions and/or other provisions of the North Carolina General Statutes or common law.

EXCLUSION: This ordinance shall not apply to any governmentally owned or operated mechanical devices and or governmental agents, nor to any property to which the Cherokee County Board of Commissioners shall grant a fireworks-use permit.

TIME/SEPARATION OF OFFENSES - Each calendar day that this ordinance is violated shall constitute a separate and distinct offense.

SEVERABILITY - If any provision, clause, sentence or paragraph of this ordinance or the application thereof to any person or circumstance shall be held to be invalid, such invalidity shall not affect the other provisions or applications of this ordinance which can be given effect independent from the invalid provision or application, and to this end the provisions of this ordinance are hereby declared to be severable.

PUNISHMENT: This ordinance shall be punished as a Class 3 misdemeanor with fines up to \$500 as such may be imposed by the Court under NCGS 14-4.

IT IS HEREBY ORDAINED AND ADOPTED ON THIS THE _____ DAY OF _____ 2023.

CAL STILES
CHAIRMAN OF THE CHEROKEE COUNTY BOARD OF COMMISSIONERS

ATTEST:

MARIA HASS
CLERK TO THE CHEROKEE COUNTY BOARD OF COMMISSIONERS

**RESOLUTION OPPOSING THE CREATION OF A SPECIAL
WEAPONS AND TACTICS TEAM IN CHEROKEE COUNTY.**

WHEREAS, on 20 January 2023, the Cherokee County Sheriff's Department issued a press release calling for the establishment of a Special Weapons and Tactics (SWAT) Team as a part of the Cherokee County Sheriff's Department.

WHEREAS, the Cherokee County Board of Commissioners is a strong supporter of law enforcement and public safety within the confines of Cherokee County for its citizens and visitors.

WHEREAS, the Cherokee County Board of Commissioners has grave concerns regarding the establishment of a SWAT team including but not limited to cost to Cherokee County taxpayers, the minimal need for a SWAT team, the preservation of the Constitutional rights of the citizens of the County and the exorbitant amount of liability to which the County may be exposed.

WHEREAS, support and funding of a SWAT team in the Cherokee County Sheriff's Department would be done against legal advice due to the tremendous liability that may be placed upon County.

WHEREFORE, The Cherokee County Board of Commissioners, as currently constituted, does hereby DECLARE and RESOLVE that it opposes the establishment of a SWAT team in the Cherokee County Sheriff's Department and further resolves that it will not fund the establishment of a SWAT team for the Cherokee County Sheriff's Department.

This the 6th day of February, 2023.

Cal Stiles, Chairman

ATTEST:

Maria Hass, Clerk to the Board



CHEROKEE COUNTY

75 Peachtree Street
Murphy, NC 28906
825-837-5527

Randy Wiggins, County Manager
Maria Hass, Asst. County Manager/Clerk to the Board
Candy R. Anderson, CPA, CGMA, Chief Financial Officer
Darryl Brown, County Attorney

Board of Commissioners
Cal Stiles, Chairman
Jan Griggs, Vice Chairman
Ben Adams
Dan Eichenbaum
Randy Phillips

BUDGET REVISION

2/6/2023

(DECREASE)

INCREASE

| | | |
|---------------|---------------|--------|
| 1014950-36196 | Contributions | 800.00 |
| 1094950-42619 | Agent Support | 800.00 |

Contribution received for Cooperative Extension podcasting equipment and support.

Chairperson

2/6/2023



CHEROKEE COUNTY

75 Peachtree Street
Murphy, NC 28906
825-837-5527

Randy Wiggins, County Manager
Maria Hass, Asst. County Manager/Clerk to the Board
Candy R. Anderson, CPA, CGMA, Chief Financial Officer
Darryl Brown, County Attorney

Board of Commissioners
Cal Stiles, Chairman
Jan Griggs, Vice Chairman
Ben Adams
Dan Eichenbaum
Randy Phillips

BUDGET REVISION

2/6/2023

(DECREASE)

INCREASE

| | | |
|---------------|-------------------------|-----------|
| 1010000-38581 | Insurance Proceeds | 18,208.00 |
| 1094322-45000 | Capital Outlay > \$5000 | 18,208.00 |

Use of insurance proceeds to replace wrecked car at Detention Center.

Chairperson

2/6/2023



CHEROKEE COUNTY

75 Peachtree Street
Murphy, NC 28906
825-837-5527

Randy Wiggins, County Manager
Maria Hass, Asst. County Manager/Clerk to the Board
Candy R. Anderson, CPA, CGMA, Chief Financial Officer
Darryl Brown, County Attorney

Board of Commissioners
Cal Stiles, Chairman
Jan Griggs, Vice Chairman
Ben Adams
Dan Eichenbaum
Randy Phillips

BUDGET REVISION

2/6/2023

(DECREASE)

INCREASE

| | | |
|---------------|-------------------------|-----------|
| 1010000-39991 | Use of Fund Balance | 24,873.00 |
| 1095300-45000 | Capital Assets > \$5000 | 24,873.00 |

Additional funds needed to purchase 2nd vehicle.

Chairperson

2/6/2023



CHEROKEE COUNTY

75 Peachtree Street
Murphy, NC 28906
825-837-5527

Randy Wiggins, County Manager
Maria Hass, Asst. County Manager/Clerk to the Board
Candy R. Anderson, CPA, CGMA, Chief Financial Officer
Darryl Brown, County Attorney

Board of Commissioners
Cal Stiles, Chairman
Jan Griggs, Vice Chairman
Ben Adams
Dan Eichenbaum
Randy Phillips

BUDGET REVISION

2/6/2023

(DECREASE)
INCREASE

| | | |
|---------------|---------------------|------------|
| 1044920-34331 | Grant Revenue | 550,000.00 |
| 1010000-39991 | Use of Fund Balance | 100,000.00 |
| 1094920-45100 | Capital Outlay | 650,000.00 |

Rural Transformation Grant to acquire property for economic development.

Chairperson

2/6/2023

CHEROKEE COUNTY TAX COLLECTOR
REQUESTS FOR RELEASE

1/17/23- 2/1/2023 FINANCE APPROVED PRIOR TO MEETING

| Taxpayer Name | Year | Bill# | Tax Amt | Reason |
|------------------------------|-------------|--------------|----------------|-------------------------------------|
| FOX RIDGE OF CHEROKEE COUNTY | 2021 | 11544 | 75.00 | LANDFIELD BILLED IN ERROR |
| FOX RIDGE OF CHEROKEE COUNTY | 2022 | 11645 | 75.00 | LANDFIELD BILLED IN ERROR |
| MUNCHBACH LOIS | 2022 | 24306 | 75.00 | LANDFIELD BILLED IN ERROR |
| ELLIS JOHNNY | 2022 | 10210 | 22.94 | 1990 BOMBER 16' SOLD PRIOR TO 2022. |
| NICHOLS BRYAN | 2022 | 24933 | 49.90 | 1997 MAXUM 19' SOLD IN 2021. |

TOTAL FINANCE RELEASES

297.84

1/17/23-2/1/2023 NEEDING APPROVAL

| | | | | |
|----------------|------|-------|--------|--|
| SILVERS JOSEPH | 2022 | 31195 | 152.15 | 2003 RANGER 19' & MOTOR SOLD OUT OF STATE IN 2021. |
| AVENOSO PENNY | 2022 | 1393 | 161.20 | APPEALED TO PTC CO ATTORNEY REACHED AGREED VALUE. |
| BARTON A J | 2022 | 1986 | 503.48 | BECAME PUV COMPLIANT. |
| PHILLIPS TROY | 2021 | 26677 | 375.03 | REMOVAL OF L/H IN ERROR |
| PHILLIPS TROY | 2022 | 26867 | 461.33 | REMOVAL OF L/H IN ERROR |

TOTAL COMMISSIONERS RELEASES

1653.19

RUN DATE: 2/2/2023 9:18 AM

CHEROKEE COUNTY REFUND REPORT
REFUNDS 1_17_23-2_1_23

PARAMETERS SELECTED FOR ACTIVITY REFUND REPORT:

TRANSACTION DATE RANGE: 01/17/2023 12:00:00 AM - 02/01/2023 12:00:00 AM

PAYMENT DATE RANGE:

USER/OPERATOR:

TAX DISTRICT(S):

BILL YEAR RANGE:

BILL# RANGE:

BILL TYPE: Both

RELEASE NUMBER ONLY: No

SORT BY: Transaction Date

RUN DATE: 2/2/2023 9:18 AM

CHEROKEE COUNTY REFUND REPORT
REFUNDS 1_17_23-2_1_23

| NAME | BILL NUMBER | | AMOUNT | OPER | DATE TIME |
|--|-------------|---|--------|--------|----------------------|
| 330050103942 HALL JAMES R & W/ HALL REBECCA ELLEN 5038 MOCKINGBIRD LANE FRUITLAND PARK, FL 34731 | 2022-13971 | RP: 454002599439000 VISA CONF # 884827275 REFUND RECIPIENT: REBECCA HALL | 2.27 | HUGO | 1/17/2023 8:50:10 AM |
| 770080081544 MCCRAY SHIRLEY PO BOX 2195 ANDREWS, NC 28901 | 2022-22371 | RP: 655602695533000 MC DEBIT CONF # 892561643 REFUND RECIPIENT: | 2.39 | HUGO | 1/17/2023 9:12:06 AM |
| 48607 GREEN STEPHEN D TRUSTEE 101 S MAIN ST STE 8 # 303 HIAWASSEE, GA 30546-3249 | 2022-13396 | RP: 443900087336000 DISCOVER CONF # 892728789 REFUND RECIPIENT: STEPHEN GREEN | 6.64 | HUGO | 1/18/2023 8:27:37 AM |
| 33598 DRAFTS JOSH 171 JERSEY TRL SALUDA, SC 29138-7416 | 2022-9574 | RP: 459100291105000 VISA CONF # 893954173 REFUND RECIPIENT: RYAN WHITE 1330 OVERLOOK RIDGE RD BISHOP, GA 30821 1149 | 311.69 | HUGO | 1/19/2023 1:35:16 PM |
| 51298 WILLIAMS KAREN KAY 608 VENGEANCE CREEK RD MARBLE, NC 28905-8814 | 2022-39993 | RP: 553400275933000 E/CHECK CONF # 893404887 REFUND RECIPIENT: KAREN WILLIAMS | 9.78 | HUGO | 1/19/2023 8:20:04 AM |
| 23308 BRITS ANDRE & W/ BRITS KAREN 4210 BRUTON RD | 2022-3771 | RP: 462300761699000 | 61.25 | ALYSSA | 1/19/2023 9:00:42 AM |

** VOIDED **

RUN DATE: 2/2/2023 9:18 AM

CHEROKEE COUNTY REFUND REPORT
REFUNDS 1_17_23-2_1_23

| NAME | BILL NUMBER | AMOUNT | OPER | DATE | TIME |
|---|-------------|--------|--------|-----------|--|
| PLANT CITY, FL 33565-7026 | | | | | |
| | | | | | REFUND RECIPIENT: KAREN BRITS & ANDRE BRITS 4210 BRUTON RD PLANT CITY FL 33565 7026 RP: 459205082918000 |
| 22071 | 2022-16745 | 5.36 | ALYSSA | 1/19/2023 | 9:05:56 AM |
| KEY DIANE | | | | | |
| 6092 PLUMOSA AVE | | | | | |
| FORT MYERS, FL 33908-4635 | | | | | |
| | | | | | REFUND RECIPIENT: DIANE KEY 6092 PLUMOSA AVE FORT MYERS FL 33908 4635 RP: 567600847772000 |
| 28444 | 2022-28685 | 820.51 | DELENA | 1/19/2023 | 9:56:33 AM |
| RICHARDS STEVEN A | | | | | |
| 96 CHICKADEE LANE | | | | | |
| ANDREWS, NC 28901 | | | | | |
| | | | | | REFUND RECIPIENT: RP: 552202799085000 |
| 15513 | 2022-1834 | 400.00 | ALYSSA | 1/19/2023 | 1:10:17 PM |
| BARNES GERALD L & W/ BARNES MARCIA J 81 MOUNT HAVEN ROAD | | | | | |
| MURPHY, NC 28906 | | | | | |
| | | | | | PAID BY PHH MORTGAGE SERVICES REFUND RECIPIENT: PHH MORTGAGE SERVICES 1601 WORTHINGTON ROAD SUITE 100 WEST PALM BEACH FL 33409 RP: 555514429949000 |
| 23568 | 2022-3942 | 413.58 | ALYSSA | 1/19/2023 | 1:50:20 PM |
| BROWN FAYE H | | | | | |
| PO BOX 1771 | | | | | |
| ANDREWS, NC 28901-1771 | | | | | |
| | | | | | REFUND RECIPIENT: LEGAT PROPERTY COMPANY LLC P. O. BOX 421455 ATLANTA GA 30342 RP: 551403306270000 |
| 48133 | 2022-33386 | 587.25 | ALYSSA | 1/19/2023 | 2:16:59 PM |
| SWOR G MICHAEL & W GRAY SWOR LISA ROBBIN 4025 CHEROKEE RD | | | | | |
| JONESBOROUGH, TN 37659-6625 | | | | | |
| | | | | | APPLIED REFUND TO ADDRESS ON CHECK |

RUN DATE: 2/2/2023 9:18 AM

CHEROKEE COUNTY REFUND REPORT
REFUNDS 1_17_23-2_1_23

| NAME | BILL NUMBER | REFUND RECIPIENT: | AMOUNT | OPER | DATE TIME |
|--|-------------|--|--------|--------|-----------------------|
| 47157 NORTH GEORGIA STORAGE LLC PO BOX 474 MINERAL BLUFF, GA 30559-0474 | 2022-25082 | REFUND RECIPIENT: MICHAEL SWOR 842 MANGROVE POINT RD SARASOTA FL 34242 1224 RP: 457009153055000 | 4.53 | ALYSSA | 1/19/2023 2:28:21 PM |
| 51564 SCOVILLE JENNIFER LYNNE 5095 HIGHWAY 294 MURPHY, NC 28906-0002 | 2022-30471 | REFUND RECIPIENT: RP: 454200731166000 | 89.10 | ALYSSA | 1/19/2023 2:45:41 PM |
| 27854 BARGER FRANK & W/ BARGER NANCY 171 SMITH HOLLOW MURPHY, NC 28908 | 2022-1760 | REFUND RECIPIENT: JENNIFER SCOVILLE 5095 HIGHWAY 294 MURPHY NC 28906 0002 RP: 450100299243000 | 67.00 | ALYSSA | 1/19/2023 3:39:08 PM |
| 17340 SHERIFF ROGER M 1224 OLD HOUSE ROAD WALHALLA, SC 29691 | 2022-30877 | REFUND RECIPIENT: FRANK & NANCY BARGER 171 SMITH HOLLOW MURPHY NC 28906 RP: 469500127752000 | 50.34 | DELENA | 1/20/2023 12:58:09 PM |
| 55753 MANOR RESTORATIONS LLC 4670 JEFFERSON TOWNSHIP LN MARIETTA, GA 30066-1702 | 2022-35110 | REFUND RECIPIENT: RP: 443900378351000 | 75.04 | ALYSSA | 1/20/2023 3:05:09 PM |
| 440040005470 | 2022-5983 | REFUND RECIPIENT: CHARLES YOUNG 2803 GLASSNER AVE NE PALM BAY FL 32905 3537 RP: 469500634224000 | 5.00 | ALYSSA | 1/23/2023 3:51:50 PM |

RUN DATE: 2/2/2023 9:18 AM

CHEROKEE COUNTY REFUND REPORT
REFUNDS 1_17_23-2_1_23

| NAME | BILL NUMBER | AMOUNT | OPER | DATE TIME |
|---|-------------|--------|--------|--|
| CLARK BASIL & W/ CLARK CHARLOTTE 438 COUNTY ROAD 89 CLANTON, AL 35046-3014 | | | | |
| | | | | REFUND RECIPIENT: DEBBIE CLARK 438 COUNTY ROAD 89 CLANTON, AL 35046 |
| 11140 | 2022-29615 | 2.30 | HUGO | 1/24/2023 8:29:46 AM |
| PELUSO ROBERT | | | | RP: 662300516970000 |
| 2339 TREASURE ISLE DR # 45 WEST PALM BEACH, FL 33410 | | | | VISA CONF # 898314983 REFUND RECIPIENT: |
| 53014 | 2021-5798 | 38.28 | HUGO | 1/24/2023 8:38:40 AM |
| DOSTER AMANDA GAIL | | | | RP: 458600245506000 |
| 1199 ATHENS HWY ELBERTON, GA 30635-4428 | | | | MC DEBIT CONF # 898150929 REFUND RECIPIENT: |
| 44004088727 | 2022-32744 | 45.11 | DELENN | 1/26/2023 3:28:24 PM |
| STILES HARRY L & W/ STILES JOIE A 122 BROOKSHIRE CT KINGSLAND, GA 31648 | | | | RP: 560101473876000 CHEROKEE COUNTY REFUND CK # 254624 REFUND RECIPIENT: |
| 24946 | 2022-198 | 107.42 | DELENN | 1/26/2023 3:42:34 PM |
| ADAMS BRENT C & W/ ADAMS JESSICA A 1415 OLD MURPHY RD MURPHY, NC 28906 | | | | RP: 448800291245000 CHEROKEE COUNTY REFUND CK # 254699 REFUND RECIPIENT: |
| 90000004144 | 2022-11469 | 201.63 | DELENN | 1/26/2023 4:29:20 PM |
| FORNISTER ORTHODONTICS PO BOX 645 MURPHY, NC 28906-0645 | | | | PERSONAL PROPERTY CHEROKEE COUNTY REFUND CK # 254652 |

RUN DATE: 2/2/2023 9:18 AM

CHEROKEE COUNTY REFUND REPORT
REFUNDS 1_17_23-2_1_23

| NAME | BILL NUMBER | REFUND RECIPIENT: | AMOUNT | OPER | DATE TIME |
|---|-------------|---|--------|----------|----------------------|
| 50357 REED CORY M & W/ REED BARBARA A 16 PERNBROOKE DR SAFETY HARBOR, FL 34805-3314 | 2022-28258 | RP: 451500719463000 VISA CONF # 900663355 REFUND RECIPIENT: CORY REED | 9.30 | HUGO | 1/27/2023 8:41:37 AM |
| 201820082500 BATEMAN DAKOTA JAMES PO BOX 1108 ANDREWS, NC 28901-1108 | 2018-200825 | PERSONAL PROPERTY DISCOVER CONF # 600140421 REFUND RECIPIENT: DAKOTA BATEMAN BILL ON ACCOUNT NUMBER 66907 WAS ALREADY PAID. APPLIED PAYMENT TO OLD GAP BILL. | 604.11 | HUGO | 1/27/2023 8:23:51 AM |
| 902000000590 BATA & MELLO LAW FIRM, PA C/O SCOTT B MELLO 225 VALLEY RIVER AVE, STE B MURPHY, NC 28906 | 2022-2057 | PERSONAL PROPERTY CHEROKEE CO REFUND CK # 254667 REFUND RECIPIENT: | 426.88 | DELENNNA | 1/27/2023 9:49:02 AM |
| 23914 MCCLURE RONALD C JR & W/ MCCLURE CORI J 27 PINNACLE VALLEY DR CANDLER, NC 28715-4505 | 2022-22282 | RP: 444900837944000 BANK ATTACHMENT SECU REFUND RECIPIENT: | 219.71 | DELENNNA | 1/31/2023 5:41:29 AM |
| 770980391250 RAXTER STEVE & W/ RAXTER CYNTHIA PO BOX 1683 ANDREWS, NC 28901 | 2017-27851 | PERSONAL PROPERTY STATE OF NORTH CAROLINA DEPT OF STATE TREASURER CK | 21.16 | DELENNNA | 2/1/2023 11:01:30 AM |

RUN DATE: 2/2/2023 9:18 AM

CHEROKEE COUNTY REFUND REPORT
REFUNDS 1_17_23-2_1_23

| NAME | BILL NUMBER | | AMOUNT | OPER | DATE TIME |
|--|-------------|---------------------|--------|----------|----------------------|
| REFUND RECIPIENT: REFUND TO STEVE OR CYNTHIA RAXTER. IF YOU CAN'T FIND A CURRENT ADDRESS FOR THEM, THEN ESCHEAT BACK TO THE STATE | | | | | |
| 54764 GOUGE JONATHAN 730 YORKLAND WAY KNOXVILLE, TN 37923-6134 | 2022-12992 | RP: 554601251284000 | 111.74 | HUGO | 2/1/2023 11:42:04 AM |
| VISA CONF # 904411283 REFUND RECIPIENT: | | | | | |
| 770080103612 PAGE RONALD H JR 557 LAKE AVE ALTAMONTE SPRINGS, FL 32701 | 2020-25622 | RP: 556503020440000 | 4.70 | HUGO | 2/1/2023 11:50:21 AM |
| VISA DEBIT CONF # 904782137 REFUND RECIPIENT: PREPAY PER REQUEST OF TAXPAYER THRU PHONE CALL | | | | | |
| 29783 MOORE BARRY PO BOX 1060 ANDREWS, NC 28901 | 2022-23707 | PERSONAL PROPERTY | 422.51 | DELENNIA | 2/1/2023 2:38:12 PM |
| BANK ATTACHMENT UCB REFUND RECIPIENT: | | | | | |
| 14899 CHIVERS THOMAS RUFUS & W/ CHIVERS JUDITH F 13342 E STATE HIGHWAY 62 HARTFORD, AL 36344-6274 | 2022-6734 | RP: 457600938340000 | 21.22 | DELENNIA | 2/1/2023 4:22:20 PM |
| REFUND RECIPIENT: | | | | | |
| TOTAL REFUNDS PRINTED: | 5,142.88 | | | | |
| TOTAL VOID REFUNDS: | -311.69 | | | | |
| TOTAL: | 4,831.19 | | | | |

RUN DATE: 2/2/2023 9:18 AM

CHEROKEE COUNTY REFUND REPORT
REFUNDS 1_17_23-2_1_23

VOIDED REFUND AMOUNTS OF REFUNDS NOT IN 1/17/2023 - 2/1/2023

| NAME | BILL NUMBER | AMOUNT | OPER | DATE TIME | REFUND DATE |
|---------------------|-------------|--------|------|-----------|-------------|
| TOTAL VOID REFUNDS: | | | | | |



North Carolina Vehicle Tax System

NCVTS Pending Refund report

Report Date 2/2/2023 10:01:23 AM

| Payee Name | Primary Owner | Secondary Owner | Address 1 | Address 3 | Transaction # | Refund Description | Refund Reason | Create Date | Tax Jurisdiction | Levy Type | Change | Interest Change | Total Change |
|---------------------------|---------------------------|-------------------------|-------------------------|------------------|---------------|--|------------------|-------------|--------------------|------------|-------------------------|-----------------------|-------------------------|
| AMOS, MARTHA KAY | AMOS, MARTHA KAY | | 1044 GRAPE CREEK RD | MURPHY, NC 28906 | 178658800 | Refund Generated due to adjustment on Bill #0069484724-2022- 0000000000 | Exempt Property | 01/11/2023 | C ADVL FR47ADVL | Tax Tax | (\$261.57) (\$25.73) | (\$13.08) (\$1.29) | (\$274.65) (\$27.02) |
| BRADBERRY, TAMMY RENE | BRADBERRY, TAMMY RENE | | PO BOX 436 | MURPHY, NC 28906 | 178951488 | Refund Generated due to proration on Bill #0064361190-2021- 0000000000 | Vehicle Sold | 01/18/2023 | C ADVL FR44ADVL | Tax Tax | (\$69.04) (\$12.70) | \$0.00 \$0.00 | (\$69.04) (\$12.70) |
| CABE, CAREY MICHAEL | CABE, CAREY MICHAEL | | 5410 MARTINS CREEK RD | MURPHY, NC 28906 | 179024248 | Refund Generated due to proration on Bill #0040991947-2021- 0000000000 | Vehicle Sold | 01/19/2023 | C ADVL FR46ADVL | Tax Tax | (\$0.33) (\$0.02) | \$0.00 \$0.00 | (\$0.33) (\$0.02) |
| CALASCIONE, PAUL ALAN | CALASCIONE, PAUL ALAN | | 734 KEENER RD | MURPHY, NC 28906 | 179607724 | Refund Generated due to proration on Bill #0056003587-2022- 0000000000 | Vehicle Sold | 01/30/2023 | C ADVL FR46ADVL | Tax Tax | (\$28.57) (\$1.59) | \$0.00 \$0.00 | (\$28.57) (\$1.59) |
| COARSEY, THOMAS WYMAN | COARSEY, THOMAS WYMAN | COARSEY, SHARON LEE | 1788 DICKEY RD | MURPHY, NC 28906 | 179670664 | Refund Generated due to proration on Bill #0059156577-2022- 0000000000 | Vehicle Sold | 01/31/2023 | C ADVL FR50ADVL | Tax Tax | (\$283.16) (\$21.82) | \$0.00 \$0.00 | (\$283.16) (\$21.82) |
| CUNNINGHAM, BRIAN JOSEPH | CUNNINGHAM, BRIAN JOSEPH | CUNNINGHAM, DEBORAH NAN | 87 HOTHOUSE RD | MURPHY, NC 28906 | 179607828 | Refund Generated due to proration on Bill #0067538420-2022- 0000000000 | Vehicle Sold | 01/30/2023 | C ADVL FR30ADVL | Tax Tax | (\$16.99) (\$0.97) | \$0.00 \$0.00 | (\$16.99) (\$0.97) |
| DOUGHMAN, NANCY LYNN | DOUGHMAN, NANCY LYNN | | 290 RESERVE EST | MURPHY, NC 28906 | 178932814 | Refund Generated due to proration on Bill #0045610387-2022- 0000000000 | Vehicle Sold | 01/17/2023 | C ADVL FR44ADVL | Tax Tax | (\$15.26) (\$2.47) | \$0.00 \$0.00 | (\$15.26) (\$2.47) |
| DREHER, JO ANNE MCCONNELL | DREHER, JO ANNE MCCONNELL | DREHER, RICHARD EDWARD | 340 GLEN LOUDERMILK RD | MURPHY, NC 28906 | 89511750 | Overpayment on Payment on Bill #003375018620222022 | Overpayment | 01/17/2023 | OVERPAYMENT | | (\$71.04) | \$0.00 | (\$71.04) |
| FRADY, MICHAEL DALE | FRADY, MICHAEL DALE | | 2819 SUNNY POINT RD | MURPHY, NC 28906 | 178268964 | Refund Generated due to proration on Bill #0061320300-2021- 0000000000 | Vehicle Sold | 01/03/2023 | C ADVL FR70ADVL | Tax Tax | (\$5.36) (\$0.69) | \$0.00 \$0.00 | (\$5.36) (\$0.69) |
| GRIBBLE, JOEL DONALD | GRIBBLE, JOEL DONALD | | 315 DOGWOOD ESTATES RD | MURPHY, NC 28906 | 178370618 | Refund Generated due to proration on Bill #0050491363-2021- 0000000000 | Vehicle Sold | 01/05/2023 | C ADVL FR45ADVL | Tax Tax | (\$23.15) (\$3.01) | \$0.00 \$0.00 | (\$23.15) (\$3.01) |
| GRIBBLE, JOEL DONALD | GRIBBLE, JOEL DONALD | | 315 DOGWOOD ESTATES RD | MURPHY, NC 28906 | 178370616 | Refund Generated due to proration on Bill #0066163757-2021- 0000000000 | Vehicle Sold | 01/05/2023 | C ADVL FR45ADVL | Tax Tax | (\$11.33) (\$1.47) | \$0.00 \$0.00 | (\$11.33) (\$1.47) |
| GRIBBLE, JOEL DONALD | GRIBBLE, JOEL DONALD | | 315 DOGWOOD ESTATES RD | MURPHY, NC 28906 | 178370600 | Refund Generated due to proration on Bill #0066754372-2021- 0000000000 | Vehicle Sold | 01/05/2023 | C ADVL FR45ADVL | Tax Tax | (\$64.65) (\$8.41) | (\$3.72) (\$0.48) | (\$68.37) (\$8.89) |
| GRISHAM, JULIE KAREN | GRISHAM, JULIE KAREN | | 1880 HEDDEN RD | MURPHY, NC 28906 | 178597272 | Refund Generated due to proration on Bill #0067287696-2021- 0000000000 | Vehicle Totalled | 01/10/2023 | C ADVL FR46ADVL | Tax Tax | (\$15.44) (\$1.05) | \$0.00 \$0.00 | (\$15.44) (\$1.05) |
| LAMB, MORRILL DENNIS | LAMB, MORRILL DENNIS | | PO BOX 428 | MARBLE, NC 28905 | 178268768 | Refund Generated due to proration on Bill #0037611397-2021- 0000000000 | Tag Surrender | 01/03/2023 | C ADVL FR80ADVL | Tax Tax | (\$99.87) (\$10.79) | \$0.00 \$0.00 | (\$99.87) (\$10.79) |
| LOVINGOOD, HAYDEN VERNER | LOVINGOOD, HAYDEN VERNER | | 1505 PLEASANT VALLEY RD | MURPHY, NC 28906 | 178597548 | Refund Generated due to proration on Bill #0069751166-2022- 0000000000 | Vehicle Sold | 01/10/2023 | C ADVL FR44ADVL | Tax Tax | (\$31.93) (\$5.18) | \$0.00 \$0.00 | (\$31.93) (\$5.18) |
| | | | | | | | | | | | | Refund | \$37.11 |

North Carolina Vehicle Tax System

NCVTS Pending Refund report

Report Date 2/2/2023 10:01:23 AM

| | | | | | | | | | | | | | |
|---------------------------------|---------------------------------|--------------------------|-------------------------------|----------------------|-----------|--|---------------------|------------|--------------------|------------|-------------------------|--------------------|-------------------------|
| MCCOY, MASON RILEE | MCCOY, MASON RILEE | | 11 OLD EVANS DR | MURPHY, NC 28906 | 179023940 | Refund Generated due to proration on Bill #0067106308-2021- | Vehicle Sold | 01/19/2023 | C ADVL FR56ADVL | Tax Tax | (\$45.62) (\$4.47) | \$0.00 \$0.00 | (\$45.62) (\$4.47) |
| MILLER, JIMMY LEGARE JR | MILLER, JIMMY LEGARE JR | MILLER, STACY SANDERS | 285 POOR HOUSE MOUNTAIN | MURPHY, NC 28906 | 179248158 | Refund Generated due to proration on Bill #0029497166-2022- | Vehicle Sold | 01/23/2023 | C ADVL FR44ADVL | Tax Tax | (\$80.32) (\$13.03) | \$0.00 \$0.00 | (\$80.32) (\$13.03) |
| MOSER, MARK EUGENE SR | MOSER, MARK EUGENE SR | | 515 LAUREL COVE RD | MURPHY, NC 28906 | 178719098 | Refund Generated due to proration on Bill #0069114080-2022- | Vehicle Sold | 01/12/2023 | C ADVL FR46ADVL | Tax Tax | (\$38.12) (\$2.12) | \$0.00 \$0.00 | \$93.35 (\$38.12) |
| MYERS, ROBERT LEE | MYERS, ROBERT LEE | MYERS, NEVADA MAY | PO BOX 69 | MARBLE, NC 28905 | 179607720 | Refund Generated due to proration on Bill #0069823659-2022- | Tag Surrender | 01/30/2023 | C ADVL FR80ADVL | Tax Tax | (\$191.83) (\$16.99) | \$0.00 \$0.00 | (\$191.83) (\$16.99) |
| RAHE, STEVEN REED | RAHE, STEVEN REED | | 164 TOMAHAWK TRL | ANDREWS, NC 28901 | 178506690 | Refund Generated due to adjustment on Bill #0070010275-2022- | Adjustment | 01/09/2023 | C ADVL FR80ADVL | Tax Tax | (\$12.14) (\$1.07) | \$0.00 \$0.00 | (\$12.14) (\$1.07) |
| SEDLACEK, GEORGE FRANCIS | SEDLACEK, GEORGE FRANCIS | | 98 RETREAT CIR | MURPHY, NC 28906 | 178288470 | Refund Generated due to proration on Bill #0058510051-2022- | Vehicle Sold | 01/04/2023 | C ADVL FR50ADVL | Tax Tax | (\$91.01) (\$7.01) | \$0.00 \$0.00 | (\$91.01) (\$7.01) |
| SMITH, DAVID ARTHUR | SMITH, DAVID ARTHUR | FOGLE, DARLENE ANN | 17 TALKING ROCK DR | MURPHY, NC 28906 | 178597552 | Refund Generated due to proration on Bill #0067846575-2022- | Vehicle Sold | 01/10/2023 | C ADVL FR44ADVL | Tax Tax | (\$10.42) (\$1.69) | \$0.00 \$0.00 | (\$10.42) (\$1.69) |
| SMITH, GREGORY THOMAS | SMITH, GREGORY THOMAS | | 84 RED FOX RUN | MURPHY, NC 28906 | 178951546 | Refund Generated due to proration on Bill #0043781880-2022- | Vehicle Sold | 01/18/2023 | C ADVL FR55ADVL | Tax Tax | (\$13.98) (\$1.24) | \$0.00 \$0.00 | (\$13.98) (\$1.24) |
| SPIELMANN, RICHARD ATTILA | SPIELMANN, RICHARD ATTILA | | 61 CRANE NEST COVE | MURPHY, NC 28906 | 179259386 | Refund Generated due to proration on Bill #0058993322-2021- | Vehicle Sold | 01/24/2023 | C ADVL FR55ADVL | Tax Tax | (\$58.23) (\$6.29) | \$0.00 \$0.00 | (\$58.23) (\$6.29) |
| STEWART, STEPHANIE DAWN | STEWART, STEPHANIE DAWN | | 130 SPRINGDALE ST | MURPHY, NC 28906 | 178288436 | Refund Generated due to proration on Bill #0065298227-2021- | Vehicle Totalled | 01/04/2023 | C ADVL CB2ADVL | Tax Tax | (\$18.50) (\$14.06) | \$0.00 (\$0.71) | (\$19.42) (\$14.77) |
| TEJERAS, ISABEL | TEJERAS, ISABEL | | 85 LAZY CREEK LN | MURPHY, NC 28906 | 179338104 | Refund Generated due to proration on Bill #0066328374-2021- | Vehicle Sold | 01/25/2023 | C ADVL FR56ADVL | Tax Tax | (\$31.15) (\$3.05) | \$0.00 \$0.00 | (\$31.15) (\$3.05) |
| TRUETT, BRANDON LAYNE | TRUETT, BRANDON LAYNE | | 110 SHADY GROVE RD | MURPHY, NC 28906 | 178288120 | Refund Generated due to proration on Bill #0059830664-2021- | Vehicle Sold | 01/04/2023 | C ADVL FR55ADVL | Tax Tax | (\$33.92) (\$3.66) | \$0.00 \$0.00 | (\$33.92) (\$3.66) |
| WALSH, MARY KATHLEEN | WALSH, MARY KATHLEEN | | 462 WINDING CREEK RD | MURPHY, NC 28906 | 178932450 | Refund Generated due to proration on Bill #0057222538-2022- | Tag Surrender | 01/17/2023 | C ADVL FR30ADVL | Tax Tax | (\$30.74) (\$1.76) | \$0.00 \$0.00 | (\$30.74) (\$1.76) |
| WARD, ADAM VICTOR | WARD, ADAM VICTOR | | 301 THOMPSON HOLW | MURPHY, NC 28906 | 178932560 | Refund Generated due to proration on Bill #0055947121-2021- | Vehicle Sold | 01/17/2023 | C ADVL FR44ADVL | Tax Tax | (\$27.90) (\$5.13) | \$0.00 \$0.00 | (\$27.90) (\$5.13) |
| WEAVER, JOHN PATRICK | WEAVER, JOHN PATRICK | | PO BOX 2733 | ANDREWS, NC 28901 | 179670686 | Refund Generated due to proration on Bill #0047132164-2021- | Vehicle Sold | 01/31/2023 | C ADVL FR80ADVL | Tax Tax | (\$10.95) (\$1.18) | \$0.00 \$0.00 | (\$10.95) (\$1.18) |
| WEAVER, | WEAVER, | | PO BOX 2733 | ANDREWS, | 179670588 | Refund Generated due | Vehicle Sold | 01/31/2023 | C ADVL | Tax | (\$5.12) | \$0.00 | (\$5.12) |



North Carolina Vehicle Tax System

NCVTS Pending Refund report

Report Date 2/2/2023 10:01:23 AM

JOHN JOHN
PATRICK PATRICK

NC 28901

to proration on Bill
#0052688943-2021-
0000.0000.00

| | | | | |
|----------|-----|----------|--------------|-----------|
| FR80ADVL | Tax | (\$0.55) | \$0.00 | (\$0.55) |
| | | | Refund | \$5.67 |
| | | | Refund Total | \$1897.04 |

Maria Hass

From: Jennifer West
Sent: Monday, January 30, 2023 2:29 PM
To: Maria Hass
Subject: Drug and Alcohol Policy
Attachments: Cherokee County Drug and Alcohol Policy 11-22_FINAL.doc; Highlighted_Cherokee County Drug and Alcohol Policy 11-4-2022.doc

Maria,

I have updated Transit's Drug and Alcohol Policy. I've attached a clean "final" copy for the BOC to sign. I also attached a highlighted version with changes made. I was given a new template from NCDOT's consultants with minimal changes.

Changes include

1. An explanation and clarification that any marijuana use is still in violation of the policy .(by DOT)
2. An addition from Cherokee County's personnel policy- Cherokee County mandates testing in the event of any motor vehicle accident other than "mirror- swapping" accidents. If the FTA's post-accident testing thresholds are not met, we would do this under Transit's sole authority and the tests would be non-DOT tests. (by me)
3. Vendor information updates. (by me)

Can I get on an agenda, please?



Jennifer West
Transit Director
77 Hardin Street
Murphy, NC 28906
Office Phone : 828-835-4548
www.cherokeeconomy-nc.gov/233/Transit

DRUG AND ALCOHOL TESTING POLICY
Cherokee County Transit~~[TRANSIT SYSTEM NAME]~~
Adopted as of **[MONTH DD, YEAR]**

A. PURPOSE

- 1) The Cherokee County Transit ~~[TRANSIT SYSTEM NAME]~~ provides public transit and paratransit services for the residents of Cherokee County~~[INSERT DESCRIPTION OF SERVICE AREA]~~. Part of our mission is to ensure that this service is delivered safely, efficiently, and effectively by establishing a drug and alcohol-free work environment, and to ensure that the workplace remains free from the effects of drugs and alcohol in order to promote the health and safety of employees and the general public. In keeping with this mission, Cherokee County Transit ~~[TRANSIT SYSTEM NAME]~~ declares that the unlawful manufacture, distribution, dispense, possession, or use of controlled substances or misuse of alcohol is prohibited for all employees.
- 2) Additionally, the purpose of this policy is to establish guidelines to maintain a drug and alcohol-free workplace in compliance with the Drug-Free Workplace Act of 1988, and the Omnibus Transportation Employee Testing Act of 1991. This policy is intended to comply with all applicable Federal regulations governing workplace anti-drug and alcohol programs in the transit industry. Specifically, the Federal Transit Administration (FTA) of the U.S. Department of Transportation has published 49 CFR Part 655, as amended, that mandates urine drug testing and breath alcohol testing for safety-sensitive positions, and prohibits performance of safety-sensitive functions when there is a positive test result, or a refusal to test. The U. S. Department of Transportation (USDOT) has also published 49 CFR Part 40, as amended, that sets standards for the collection and testing of urine and breath specimens.
- 3) Any provisions set forth in this policy that are included under the sole authority of Cherokee County Transit ~~[TRANSIT SYSTEM NAME]~~ and are not provided under the authority of the ~~above-named~~above-named Federal regulations are underlined. Tests conducted under the sole authority of Cherokee County Transit ~~[TRANSIT SYSTEM NAME]~~ will be performed on non-USDOT forms and will be separate from USDOT testing in all respects.

B. APPLICABILITY

This Drug and Alcohol Testing Policy applies to all safety-sensitive employees (full- or part-time) when performing safety sensitive duties. See Attachment A for a list of employees and the authority under which they are included.

A safety-sensitive function is operation of public transit service including the operation of a revenue service vehicle (whether or not the vehicle is in revenue service), maintenance of a revenue service vehicle or equipment used in revenue service, security personnel who carry firearms, dispatchers or persons controlling the movement of revenue service vehicles and any transit employee who operates a non-revenue service vehicle that requires a Commercial Driver's License to operate. Maintenance functions include the repair, overhaul, and rebuild of engines, vehicles and/or equipment used in revenue service. A list of safety-sensitive positions who perform one or more of the above mentioned duties is provided in Attachment A. Supervisors are only safety sensitive if they perform one of the above functions. Volunteers are considered safety sensitive and subject to testing if they are required to hold a CDL, or receive remuneration for service in excess of actual expense.

C. DEFINITIONS

Accident: An occurrence associated with the operation of a vehicle even when not in revenue service, if as a result:

- a. An individual dies;
- b. An individual suffers a bodily injury and immediately receives medical treatment away from the scene of the accident; or,
- c. One or more vehicles incur disabling damage as the result of the occurrence and is transported away from the scene by a tow truck or other vehicle. For purposes of this definition, *disabling damage* means damage which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, or windshield wipers that makes them inoperative.

Adulterated specimen: A specimen that has been altered, as evidence by test results showing either a substance that is not a normal constituent for that type of specimen or showing an abnormal concentration of an endogenous substance.

Alcohol: The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols contained in any beverage, mixture, mouthwash, candy, food, preparation or medication.

Alcohol Concentration: Expressed in terms of grams of alcohol per 210 liters of breath as indicated by a breath test under 49 CFR Part 40.

Aliquot: A fractional part of a specimen used for testing. It is taken as a sample representing the whole specimen.

Canceled Test: A drug or alcohol test that has a problem identified that cannot be or has not been corrected, or which is cancelled. A canceled test is neither positive nor negative.

Confirmatory Drug Test: A second analytical procedure performed on a different aliquot of the original specimen to identify and quantify the presence of a specific drug or metabolite.

Confirmatory Validity Test: A second test performed on a different aliquot of the original urine specimen to further support a validity test result.

Covered Employee Under FTA Authority: An employee who performs a safety-sensitive function including an applicant or transferee who is being considered for hire into a safety-sensitive function (See Attachment A for a list of covered employees).

Designated Employer Representative (DER): An employee authorized by the employer to take immediate action to remove employees from safety-sensitive duties and to make required decisions in testing. The DER also receives test results and other communications for the employer, consistent with the requirements of 49 CFR Parts 40 and 655.

DOT, The Department, DOT Agency: These terms encompass all DOT agencies, including, but not limited to, the Federal Aviation Administration (FAA), the Federal Railroad Administration (FRA), the Federal Motor Carrier Safety Administration (FMCSA), the Federal Transit Administration (FTA), the National Highway Traffic Safety Administration (NHTSA), the Pipeline and Hazardous Materials Safety Administration (PHMSA), and the Office of the Secretary (OST). For purposes of 49 CFR Part 40, the United States Coast Guard (USCG), in the Department of Homeland Security, is considered to be a DOT agency for drug testing purposes. These terms include any designee of a DOT agency.

Dilute specimen: A urine specimen with creatinine and specific gravity values that are lower than expected for human urine.

Disabling damage: Damage which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement without other damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, or windshield wipers that makes them inoperative.

Evidentiary Breath Testing Device (EBT): A device approved by the NHTSA for the evidential testing of breath at the 0.02 and the 0.04 alcohol concentrations, and appears on ODAPC's Web page for "Approved Evidential Breath Measurement Devices" because it conforms with the model specifications available from NHTSA.

Initial Drug Test: (Screening Drug Test) The test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites.

Initial Specimen Validity Test: The first test used to determine if a urine specimen is adulterated, diluted, substituted, or invalid

Invalid Result: The result reported by an HHS-certified laboratory in accordance with the criteria established by the HHS Mandatory Guidelines when a positive, negative, adulterated, or substituted result cannot be established for a specific drug or specimen validity test.

Laboratory: Any U.S. laboratory certified by HHS under the National Laboratory Certification program as meeting standards of Subpart C of the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs; or, in the case of foreign laboratories, a laboratory approved for participation by DOT under this part.

Limit of Detection (LOD): The lowest concentration at which a measurand can be identified, but (for quantitative assays) the concentration cannot be accurately calculated.

Limit of Quantitation: For quantitative assays, the lowest concentration at which the identity and concentration of the measurand can be accurately established.

Medical Review Officer (MRO): A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by the drug testing program who has knowledge of substance abuse disorders, and has appropriate medical training to interpret and evaluate an individual's confirmed

positive test result, together with his/her medical history, and any other relevant bio-medical information.

Negative Dilute: A drug test result which is negative for the five drug/drug metabolites but has creatinine and specific gravity values that are lower than expected for human urine.

Negative result: The result reported by an HHS-certified laboratory to an MRO when a specimen contains no drug or the concentration of the drug is less than the cutoff concentration for the drug or drug class and the specimen is a valid specimen. An alcohol concentration of less than 0.02 BAC is a negative test result.

Non-negative test result: A urine specimen that is reported as adulterated, substituted, invalid, or positive for drug/drug metabolites.

Oxidizing Adulterant: A substance that acts alone or in combination with other substances to oxidize drugs or drug metabolites to prevent the detection of the drug or metabolites, or affects the reagents in either the initial or confirmatory drug test.

Performing (a safety-sensitive function): A covered employee is considered to be performing a safety-sensitive function and includes any period in which he or she is actually performing, ready to perform, or immediately available to perform such functions.

Positive result: The result reported by an HHS- Certified laboratory when a specimen contains a drug or drug metabolite equal or greater to the cutoff concentrations.

Prohibited drug: Identified as marijuana, cocaine, opioids, amphetamines, or phencyclidine as specified in 49 CFR Part 40, as amended.

Reconfirmed: The result reported for a split specimen when the second laboratory is able to corroborate the original result reported for the primary specimen.

Rejected for Testing: The result reported by an HHS- Certified laboratory when no tests are performed for specimen because of a fatal flaw or a correctable flaw that has not been corrected.

Revenue Service Vehicles: All transit vehicles that are used for passenger transportation service.

Safety-sensitive functions: Employee duties identified as:

- (1) The operation of a transit revenue service vehicle even when the vehicle is not in revenue service.
- (2) The operation of a non-revenue service vehicle by an employee when the operation of such a vehicle requires the driver to hold a Commercial Drivers License (CDL).
- (3) Maintaining a revenue service vehicle or equipment used in revenue service.
- (4) Controlling the movement of a revenue service vehicle and
- (5) Carrying a firearm for security purposes.

Split Specimen Collection: A collection in which the urine collected is divided into two separate bottles, the primary specimen (Bottle A) and the split specimen (Bottle B).

Substance Abuse Professional (SAP): A licensed physician (medical doctor or doctor of osteopathy) or licensed or certified psychologist, social worker, employee assistance professional, state-licensed or certified marriage and family therapist, or drug and alcohol counselor (certified by an organization listed at <https://www.transportation.gov/odapc/sap>) with knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders.

Substituted specimen: A urine specimen with creatinine and specific gravity values that are so diminished or so divergent that they are not consistent with normal human urine.

Test Refusal: The following are considered a refusal to test if the employee:

- (1) Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer.
- (2) Fail to remain at the testing site until the testing process is complete. An employee who leaves the testing site before the testing process commences for a pre-employment test has not refused to test.
- (3) Fail to attempt to provide a breath or urine specimen. An employee who does not provide a urine or breath specimen because he or she has left the testing site before the testing process commenced for a pre-employment test has not refused to test.
- (4) In the case of a directly-observed or monitored urine drug collection, fail to permit monitoring or observation of your provision of a specimen.
- (5) Fail to provide a sufficient quantity of urine or breath without a valid medical explanation.
- (6) Fail or decline to take a second test as directed by the collector or the employer for drug testing.
- (7) Fail to undergo a medical evaluation as required by the MRO or the employer's Designated Employer Representative (DER).

- (8) Fail to cooperate with any part of the testing process.
- (9) Fail to follow an observer's instructions to raise and lower clothing and turn around during a directly-observed test.
- (10) Possess or wear a prosthetic or other device used to tamper with the collection process.
- (11) Admit to the adulteration or substitution of a specimen to the collector or MRO.
- (12) Refuse to sign the certification at Step 2 of the Alcohol Testing Form (ATF).
- (13) Fail to remain readily available following an accident.
- (14) As a covered employee, if the MRO reports that you have a verified adulterated or substituted test result, you have refused to take a drug test.

Vehicle: A bus, electric bus, van, automobile, rail car, trolley car, trolley bus, or vessel. A public transit vehicle is a vehicle used for public transportation or for ancillary services.

Verified negative test: A drug test result reviewed by a medical review officer and determined to have no evidence of prohibited drug use at or above the minimum cutoff levels established by the Department of Health and Human Services (HHS).

Verified positive test: A drug test result reviewed by a medical review officer and determined to have evidence of prohibited drug use at or above the minimum cutoff levels specified in 49 CFR Part 40 as revised.

Validity testing: The evaluation of the specimen to determine if it is consistent with normal human urine. Specimen validity testing will be conducted on all urine specimens provided for testing under DOT authority. The purpose of validity testing is to determine whether certain adulterants or foreign substances were added to the urine, if the urine was diluted, or if the specimen was substituted.

D. EDUCATION AND TRAINING

- 1) Every covered employee will receive a copy of this policy and will have ready access to the corresponding federal regulations including 49 CFR Parts 655 and 40, as amended. In addition, all covered employees will undergo a minimum of 60 minutes of training on the signs and symptoms of drug use including the effects and consequences of drug use on personal health, safety, and the work environment. The training also includes manifestations and behavioral cues that may indicate prohibited drug use.

- 2) All supervisory personnel or company officials who are in a position to determine employee fitness for duty will receive 60 minutes of reasonable suspicion training on the physical, behavioral, and performance indicators of probable drug use and 60 minutes of additional reasonable suspicion training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse.

E. PROHIBITED SUBSTANCES

- 1) Prohibited substances addressed by this policy include the following.

a. Illegally Used Controlled Substance or Drugs Under the Drug-Free Workplace Act of 1988 any drug or any substance identified in Schedule I through V of Section 202 of the Controlled Substance Act (21 U.S.C. 812), and as further defined by 21 CFR 1308.11 through 1308.15 is prohibited at all times in the workplace unless a legal prescription has been written for the substance. This includes, but is not limited to: marijuana, amphetamines, opioids, phencyclidine (PCP), and cocaine, as well as any drug not approved for medical use by the U.S. Drug Enforcement Administration or the U.S. Food and Drug Administration. Illegal use includes use of any illegal drug, misuse of legally prescribed drugs, and use of illegally obtained prescription drugs. It is important to note that the use of marijuana in any circumstances remains completely prohibited for any safety-sensitive employee subject to drug testing under USDOT regulations. The use of marijuana in any circumstance (including under state recreational and/or medical marijuana laws) by a safety-sensitive employee is a violation of this policy and a violation of the USDOT regulation 49 CFR Part 40, as amended.

Federal Transit Administration drug testing regulations (49 CFR Part 655) require that all employees covered under FTA authority be tested for marijuana, cocaine, amphetamines, opioids, and phencyclidine as described in this policy. Illegal use of these five drugs is prohibited at all times and thus, covered employees may be tested for these drugs anytime that they are on duty.

- b. Legal Drugs: The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates that mental functioning, motor skills, or judgment may be adversely affected must be reported to a Cherokee County Transit [TRANSIT-SYSTEM-NAME] supervisor and the employee is required to provide a written release

from his/her doctor or pharmacist indicating that the employee can perform his/her safety-sensitive functions.

- c. Alcohol: The use of beverages containing alcohol (including mouthwash, medication, food, candy) or any other substances containing alcohol in a manner which violates the conduct listed in this policy is prohibited.

F. PROHIBITED CONDUCT

- 1) Illegal use of the drugs listed in this policy and as defined in 49 CFR Part 40, as amended is prohibited at all times. All covered employees are prohibited from reporting for duty or remaining on duty if they have used a prohibited drug as defined in 49 CFR Part 40, as amended.
- 2) Each covered employee is prohibited from consuming alcohol while performing safety-sensitive job functions or while on-call to perform safety-sensitive job functions. If an on-call employee has consumed alcohol, they must acknowledge the use of alcohol at the time that they are called to report for duty. The covered employee will subsequently be relieved of his/her on-call responsibilities and subject to discipline for not fulfilling his/her on-call responsibilities.
- 3) The Transit Department shall not permit any covered employee to perform or continue to perform safety-sensitive functions if it has actual knowledge that the employee is using alcohol
- 4) Each covered employee is prohibited from reporting to work or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater regardless of when the alcohol was consumed.
 - a. An employee with a breath alcohol concentration which measures 0.02-0.039 is not considered to have violated the USDOT-FTA drug and alcohol regulations, provided the employee hasn't consumed the alcohol within four (4) hours of performing a safety-sensitive duty. However, if a safety-sensitive employee has a breath alcohol concentration of 0.02-0.039, USDOT-FTA regulations require the employee to be removed from the performance of safety-sensitive duties until:
 - i. The employee's alcohol concentration measures less than 0.02; or
 - ii. The start of the employee's next regularly scheduled duty period, but not less than eight hours following administration

of the test. Under Cherokee County's sole authority, no less than 24 hours may pass between the administration of the test and the employee's return to work. Employee will be subject to the consequences described in Section Q of this policy.

- 5) No covered employee shall consume alcohol for eight (8) hours following involvement in an accident or until he/she submits to the post-accident drug/alcohol test, whichever occurs first.
- 6) No covered employee shall consume alcohol within four (4) hours prior to the performance of safety-sensitive job functions.
- 7) Cherokee County Transit [TRANSIT SYSTEM NAME], under its own authority, also prohibits the consumption of alcohol at all times the employee is on duty, or anytime the employee is in uniform.
- 8) Consistent with the Drug-free Workplace Act of 1988, all Cherokee County Transit [TRANSIT SYSTEM NAME] employees are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of prohibited substances in the work place including transit system premises and transit vehicles.

G. DRUG STATUTE CONVICTION

Consistent with the Drug Free Workplace Act of 1998, all employees are required to notify the Cherokee County Transit [TRANSIT SYSTEM NAME] management of any criminal drug statute conviction for a violation occurring in the workplace within five days after such conviction. Failure to comply with this provision shall result in disciplinary action as defined in Section Q of this policy.

H. TESTING REQUIREMENTS

- 1) Analytical urine drug testing and breath testing for alcohol will be conducted as required by 49 CFR Part 40 as amended. All employees covered under FTA authority shall be subject to testing prior to performing safety-sensitive duty, for reasonable suspicion, following an accident, and random as defined in Section K, L, M, and N of this policy, and return to duty/follow-up.
- 2) A drug test can be performed any time a covered employee is on duty. A reasonable suspicion, random, or follow-up alcohol test can only be

performed just before, during, or after the performance of a safety-sensitive job function. Under Cherokee County Transit ~~[TRANSIT SYSTEM NAME]~~ authority, a non-DOT alcohol test can be performed any time a covered employee is on duty.

- 3) All covered employees will be subject to urine drug testing and breath alcohol testing as a condition of ongoing employment with Cherokee County Transit ~~[TRANSIT SYSTEM NAME]~~. Any safety-sensitive employee who refuses to comply with a request for testing shall be removed from duty and subject to discipline as defined in Section Q of this policy.

I. DRUG TESTING PROCEDURES

- 1) Testing shall be conducted in a manner to assure a high degree of accuracy and reliability and using techniques, equipment, and laboratory facilities which have been approved by the U.S. Department of Health and Human Service (HHS). All testing will be conducted consistent with the procedures set forth in 49 CFR Part 40, as amended. The procedures will be performed in a private, confidential manner and every effort will be made to protect the employee, the integrity of the drug testing procedure, and the validity of the test result.
- 2) The drugs that will be tested for include marijuana, cocaine, opioids, amphetamines, and phencyclidine. After the identity of the donor is checked using picture identification, a urine specimen will be collected using the split specimen collection method described in 49 CFR Part 40, as amended. Each specimen will be accompanied by a DOT Custody and Control Form and identified using a unique identification number that attributes the specimen to the correct individual. The specimen analysis will be conducted at a HHS certified laboratory. An initial drug screen and validity test will be conducted on the primary urine specimen. For those specimens that are not negative, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) or Liquid Chromatography/Mass Spectrometry (LC/MS) test will be performed. The test will be considered positive if the amounts of the drug(s) and/or its metabolites identified by the GC/MS or LC/MS test are above the minimum thresholds established in 49 CFR Part 40, as amended.
- 3) The test results from the HHS certified laboratory will be reported to a Medical Review Officer. A Medical Review Officer (MRO) is a licensed physician with detailed knowledge of substance abuse disorders and drug

testing. The MRO will review the test results to ensure the scientific validity of the test and to determine whether there is a legitimate medical explanation for a confirmed positive, substitute, or adulterated test result. The MRO will attempt to contact the employee to notify the employee of the non-negative laboratory result, and provide the employee with an opportunity to explain the confirmed laboratory test result. The MRO will subsequently review the employee's medical history/medical records as appropriate to determine whether there is a legitimate medical explanation for a non-negative laboratory result. If no legitimate medical explanation is found, the test will be verified positive or refusal to test and reported to Cherokee County Transit ~~TRANSIT SYSTEM NAME~~. If a legitimate explanation is found, the MRO will report the test result as negative.

- 4) If the test is invalid without a medical explanation, a retest will be conducted under direct observation. Employees do not have access to a test of their split specimen following an invalid result.
- 5) Any covered employee who questions the results of a required drug test may request that the split sample be tested. The split sample test must be conducted at a second HHS-certified laboratory. The test must be conducted on the split sample that was provided by the employee at the same time as the primary sample. The method of collecting, storing, and testing the split sample will be consistent with the procedures set forth in 49 CFR Part 40, as amended. The employee's request for a split sample test must be made to the Medical Review Officer within 72 hours of notice of the original sample verified test result. Requests after 72 hours will only be accepted at the discretion of the MRO if the delay was due to documentable facts that were beyond the control of the employee. Cherokee County Transit ~~TRANSIT SYSTEM NAME~~ will ensure that the cost for the split specimen analysis is covered in order for a timely analysis of the sample, however Cherokee County Transit ~~TRANSIT SYSTEM NAME~~ will seek reimbursement for the split sample test from the employee.
- 6) If the analysis of the split specimen fails to confirm the presence of the drug(s) detected in the primary specimen, if the split specimen is not able to be analyzed, or if the results of the split specimen are not scientifically adequate, the MRO will declare the original test to be canceled.
- 7) The split specimen will be stored at the initial laboratory until the analysis of the primary specimen is completed. If the primary specimen is negative, the split will be discarded. If the primary specimen is positive, it will be retained in frozen storage for one year and the split specimen will also be retained for one year. If the primary is positive, the primary and the

split will be retained for longer than one year for testing if so requested by the employee through the Medical Review Officer, or by the employer, by the MRO, or by the relevant DOT agency.

8) Observed collections

- a. Consistent with 49 CFR Part 40, as amended, collection under direct observation (by a person of the same gender) with no advance notice will occur if:
 - i. The laboratory reports to the MRO that a specimen is invalid, and the MRO reports to Cherokee County Transit ~~[TRANSIT SYSTEM NAME]~~ that there was not an adequate medical explanation for the result;
 - ii. The MRO reports to Cherokee County Transit ~~[TRANSIT SYSTEM NAME]~~ that the original positive, adulterated, or substituted test result had to be cancelled because the test of the split specimen could not be performed;
 - iii. The laboratory reported to the MRO that the specimen was negative-dilute with a creatinine concentration greater than or equal to 2 mg/dL but less than or equal to 5 mg/dL, and the MRO reported the specimen as negative-dilute and that a second collection must take place under direct observation (see §40.197(b)(1)).
 - iv. The collector observes materials brought to the collection site or the employee's conduct clearly indicates an attempt to tamper with a specimen;
 - v. The temperature on the original specimen was out of range;
 - vi. Anytime the employee is directed to provide another specimen because the original specimen appeared to have been tampered with.
 - vii. All follow-up-tests; or
 - viii. All return-to-duty tests

J. ALCOHOL TESTING PROCEDURES

- 1) Tests for breath alcohol concentration will be conducted utilizing a National Highway Traffic Safety Administration (NHTSA)-approved Evidential Breath Testing device (EBT) operated by a trained Breath Alcohol Technician (BAT). A list of approved EBTs can be found on ODAPC's Web page for "Approved Evidential Breath Measurement Devices". Alcohol screening tests may be performed using a non-evidential testing device (alcohol screening device (ASD)) which is also approved by NHTSA. A list of approved ASDs can be found on ODAPC's Web page for "Approved Screening Devices to Measure Alcohol in Bodily Fluids". If the initial test indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test. The confirmatory test must occur on an EBT. The confirmatory test will be conducted no sooner than fifteen minutes after the completion of the initial test. The confirmatory test will be performed using a NHTSA-approved EBT operated by a trained BAT. The EBT will identify each test by a unique sequential identification number. This number, time, and unit identifier will be provided on each EBT printout. The EBT printout, along with an approved alcohol testing form, will be used to document the test, the subsequent results, and to attribute the test to the correct employee. The test will be performed in a private, confidential manner as required by 49 CFR Part 40, as amended. The procedure will be followed as prescribed to protect the employee and to maintain the integrity of the alcohol testing procedures and validity of the test result.
- 2) A confirmed alcohol concentration of 0.04 or greater will be considered a positive alcohol test and in violation of this policy. The consequences of a positive alcohol test are described in Section Q. of this policy. Even though an employee who has a confirmed alcohol concentration of 0.02 to 0.039 is not considered positive, the employee shall still be removed from duty for at least eight hours. Under Cherokee County's sole authority, no less than 24 hours may pass between the administration of the test and the employee's return to work. Employee ~~or for the duration of the work day whichever is longer~~ and will be subject to the consequences described in Section Q of this policy. An alcohol concentration of less than 0.02 will be considered a negative test.
- 3) Cherokee County Transit ~~[TRANSIT SYSTEM NAME]~~ affirms the need to protect individual dignity, privacy, and confidentiality throughout the testing process. If at any time the integrity of the testing procedures or the validity of the test results is compromised, the test will be canceled. Minor inconsistencies or procedural flaws that do not impact the test result will not result in a cancelled test.

- 4) The alcohol testing form (ATF) required by 49 CFR Part 40 as amended, shall be used for all FTA required testing. Failure of an employee to sign step 2 of the ATF will be considered a refusal to submit to testing.

K. PRE-EMPLOYMENT TESTING

- 1) All applicants for covered transit positions shall undergo urine drug testing and breath alcohol testing prior to performance of a safety-sensitive function.
 - a. All offers of employment for covered positions shall be extended conditional upon the applicant passing a drug and ~~test~~ alcohol test. An applicant will not be allowed to perform safety-sensitive functions unless the applicant takes a drug test with verified negative results, and an alcohol concentration below a 0.02. All covered employees performing safety-sensitive functions will be treated the same for the purpose of pre-employment alcohol testing. Under Cherokee County's sole authority, any applicant whose breath alcohol test result indicates an alcohol concentration of 0.02-0.039 will not be considered for employment for a two-year period following administration of the test.
 - b. An employee shall not be placed, transferred or promoted into a position covered under FTA authority or company authority until the employee takes a drug test with verified negative results and an alcohol concentration below 0.02.
 - c. If an applicant fails a pre-employment drug or alcohol test, the conditional offer of employment shall be rescinded and the applicant will be provided with a list of at least two (2) USDOT qualified Substance Abuse Professionals. Failure of a pre-employment drug test will disqualify an applicant for employment for a period of at least ~~two~~ years following the date of the test. Before being considered for future employment the applicant must provide the employer proof of having successfully completed a referral, evaluation and treatment plan as described in section 655.62 of subpart G. The cost for the assessment and any subsequent treatment will be the sole responsibility of the applicant.
 - d. When an employee being placed, transferred, or promoted from a non-covered position to a position covered under FTA authority or company authority submits a drug test with a verified positive result,

and/or an alcohol concentration above 0.04, the employee shall be subject to disciplinary action in accordance with Section Q herein.

- e. If a pre-employment test is canceled, Cherokee County Transit ~~[TRANSIT-SYSTEM-NAME]~~ will require the applicant to take and pass another pre-employment drug and alcohol test.
- f. In instances where aan FTA covered employee does not perform a safety-sensitive function for a period of 90 consecutive days or more regardless of reason, and during that period is not in the random testing pool the employee will be required to take a pre-employment drug and alcohol –test under 49 CFR Part 655 and have negative test results prior to the conduct of safety-sensitive job functions.
- g. Following a negative dilute the employee will be required to undergo another test. Should this second test result in a negative dilute result, the test will be considered a negative and no additional testing will be required unless directed to do so by the MRO.
- h. Applicants are required (even if ultimately not hired) to provide Cherokee County Transit ~~[TRANSIT-SYSTEM-NAME]~~ with signed written releases requesting USDOT drug and alcohol records from all previous, USDOT-covered, employers that the applicant has worked for within the last two years. Failure to do so will result in the employment offer being rescinded. Cherokee County Transit ~~[TRANSIT-SYSTEM-NAME]~~ is required to ask all applicants (even if ultimately not hired) if they have tested positive or refused to test on a pre-employment test for a USDOT covered employer within the last two years. If the applicant has tested positive or refused to test on a pre-employment test for a USDOT covered employer, the applicant must provide Cherokee County Transit ~~[TRANSIT-SYSTEM-NAME]~~ proof of having successfully completed a referral, evaluation and treatment plan as described in section 655.62 of subpart G.

L. REASONABLE SUSPICION TESTING

- 1) All Cherokee County Transit ~~[TRANSIT-SYSTEM-NAME]~~ FTA covered employees will be subject to a reasonable suspicion drug and/or alcohol test when the employer has reasonable suspicion to believe that the covered employee has used a prohibited drug and/or engaged in alcohol misuse. Reasonable suspicion shall mean that there is objective

evidence, based upon specific, contemporaneous, articulable observations of the employee's appearance, behavior, speech or body odor that are consistent with possible drug use and/or alcohol misuse. Reasonable suspicion referrals must be made by one or more supervisors who are trained to detect the signs and symptoms of drug and alcohol use, and who reasonably concludes that an employee may be adversely affected or impaired in his/her work performance due to possible prohibited substance abuse or alcohol misuse. A reasonable suspicion alcohol test can only be conducted just before, during, or just after the performance of a safety-sensitive job function. However, under Cherokee County Transit [TRANSIT SYSTEM NAME] authority, a non-DOT reasonable suspicion alcohol test may be performed any time the covered employee is on duty. A reasonable suspicion drug test can be performed any time the covered employee is on duty.

- 2) Cherokee County Transit [TRANSIT SYSTEM NAME] shall be responsible for transporting the employee to the testing site. Supervisors should avoid placing themselves and/or others into a situation which might endanger the physical safety of those present. The employee shall be placed on administrative leave pending disciplinary action described in Section Q of this policy. An employee who refuses an instruction to submit to a drug/alcohol test shall not be permitted to finish his or her shift and shall immediately be placed on administrative leave pending disciplinary action as specified in Section Q of this policy.
- 3) A written record of the observations which led to a drug/alcohol test based on reasonable suspicion shall be prepared and signed by the supervisor making the observation. This written record shall be submitted to the Cherokee County Transit [TRANSIT SYSTEM NAME]
- 4) When there are no specific, contemporaneous, articulable objective facts that indicate current drug or alcohol use, but the employee (who is not already a participant in a treatment program) admits the abuse of alcohol or other substances to a supervisor in his/her chain of command, the employee shall be referred for assessment and treatment consistent with Section Q of this policy. Cherokee County Transit [TRANSIT SYSTEM NAME] shall place the employee on administrative leave in accordance with the provisions set forth under Section Q of this policy. Testing in this circumstance would be performed under the direct authority of the Cherokee County Transit [TRANSIT SYSTEM NAME]. Since the employee self-referred to management, testing under this circumstance would not be considered a violation of this policy or a positive test result under Federal authority. However, self-referral does not exempt the covered employee from testing under Federal authority as specified in

Sections L through N of this policy or the associated consequences as specified in Section Q.

M. POST-ACCIDENT TESTING

- 1) FATAL ACCIDENTS – A covered employee will be required to undergo urine and breath testing if they are involved in an accident with a transit vehicle, whether or not the vehicle is in revenue service at the time of the accident, that results in a fatality. This includes all surviving covered employees that are operating the vehicle at the time of the accident and any other whose performance could have contributed to the accident, as determined by the employer using the best information available at the time of the decision.
- 2) NON-FATAL ACCIDENTS – A post-accident test of the employee operating the public transportation vehicle will be conducted if an accident occurs and at least one of the following conditions is met:
 - a. The accident results in injuries requiring immediate medical treatment away from the scene, unless the covered employee can be completely discounted as a contributing factor to the accident.
 - b. One or more vehicles incurs disabling damage as a result of the occurrence and must be transported away from the scene, unless the covered employee can be completely discounted as a contributing factor to the accident

In addition, any other covered employee whose performance could have contributed to the accident, as determined by the employer using the best information available at the time of the decision, will be tested.

- 3) Under Cherokee County's sole authority, drug and alcohol testing is mandated in the event of any motor vehicle accident other than "mirror-swapping" accidents. In the occurrence of any accident not described in section 1 or 2 above, employees will be required to undergo a non-DOT drug and alcohol test.

As soon as practicable following an accident, as defined in this policy, the transit supervisor investigating the accident will notify the transit employee operating the transit vehicle and all other covered employees whose performance could have contributed to the accident of the need for the test. The supervisor will make the determination using the best information available at the time of the decision.

The appropriate transit supervisor shall ensure that an employee, required to be tested under this section, is tested as soon as practicable, but no longer than eight (8) hours of the accident for alcohol, and no longer than 32 hours for drugs. If an alcohol test is not performed within two hours of the accident, the Supervisor will document the reason(s) for the delay. If the alcohol test is not conducted within (8) eight hours, or the drug test within 32 hours, attempts to conduct the test must cease and the reasons for the failure to test documented.

Any covered employee involved in an accident must refrain from alcohol use for eight (8) hours following the accident, or until he/she undergoes a post-accident alcohol test.

An employee who is subject to post-accident testing who fails to remain readily available for such testing, including notifying a supervisor of his or her location if he or she leaves the scene of the accident prior to submission to such test, may be deemed to have refused to submit to testing.

Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident, or to prohibit an employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.

In the rare event that Cherokee County Transit [TRANSIT SYSTEM NAME] is unable to perform an FTA drug and alcohol test (i.e., employee is unconscious, employee is detained by law enforcement agency), Cherokee County Transit [TRANSIT SYSTEM NAME] may use drug and alcohol post-accident test results administered by local law enforcement officials in lieu of the FTA test. The local law enforcement officials must have independent authority for the test and the employer must obtain the results in conformance with local law.

N. RANDOM TESTING

- 1) All covered employees will be subjected to random, unannounced testing. The selection of employees shall be made by a scientifically valid method of randomly generating an employee identifier from the appropriate pool of safety-sensitive employees. Employees who may be covered under company authority will be selected from a pool of non-DOT-covered employees.
- 2) The dates for administering unannounced testing of randomly selected employees shall be spread reasonably throughout the calendar year, day of the week and hours of the day.

- 3) The number of employees randomly selected for drug/alcohol testing during the calendar year shall be not less than the percentage rates set each year by the FTA administrator. The current year testing rates can be viewed online at <https://www.transportation.gov/odapc/random-testing-rates>.
- 4) Each covered employee shall be in a pool from which the random selection is made. Each covered employee in the pool shall have an equal chance of selection each time the selections are made. Employees will remain in the pool and subject to selection, whether or not the employee has been previously tested. There is no discretion on the part of management in the selection.
- 5) Covered transit employees that fall under the Federal Transit Administration regulations will be included in one random pool maintained separately from the testing pool of non-safety-sensitive employees that are included solely under Cherokee County Transit ~~[TRANSIT SYSTEM NAME]~~ authority.
- 6) Random tests can be conducted at any time during an employee's shift for drug testing. Alcohol random tests can only be performed just before, during, or just after the performance of a safety sensitive duty. However, under Cherokee County Transit ~~[TRANSIT SYSTEM NAME]~~ authority, a non-DOT random alcohol test may be performed any time the covered employee is on duty. Testing can occur during the beginning, middle, or end of an employee's shift.
- 7) Employees are required to proceed immediately to the collection site upon notification of their random selection.

O. RETURN-TO-DUTY TESTING

Cherokee County Transit ~~[TRANSIT SYSTEM NAME]~~ will terminate the employment of any employee that tests positive or refuses a test as specified in section Q of this policy. However, in the rare event an employee is reinstated with court order or other action beyond the control of the transit system, the employee must complete the return-to-duty process prior to the performance of safety-sensitive functions. All covered employees who previously tested positive on a drug or alcohol test or refused a test, must test negative for drugs, alcohol (below 0.02 for alcohol), or both and be evaluated and released by the Substance Abuse Professional before returning to work. Following the initial assessment, the SAP will recommend a course of rehabilitation unique to the

individual. The SAP will recommend the return-to-duty test only when the employee has successfully completed the treatment requirement and is known to be drug and alcohol-free and there are no undue concerns for public safety. The SAP will determine whether the employee returning to duty will require a return-to-duty drug test, alcohol test, or both.

P. FOLLOW-UP TESTING

Covered employees that have returned to duty following a positive or refused test will be required to undergo frequent, unannounced drug and/or alcohol testing following their return-to-duty test. The follow-up testing will be performed for a period of one to five years with a minimum of six tests to be performed the first year. The frequency and duration of the follow-up tests (beyond the minimums) will be determined by the SAP reflecting the SAP's assessment of the employee's unique situation and recovery progress. Follow-up testing should be frequent enough to deter and/or detect a relapse. Follow-up testing is separate and in addition to the random, post-accident, reasonable suspicion and return-to-duty testing.

In the instance of a self-referral or a management referral, the employee will be subject to non-USDOT follow-up tests and follow-up testing plans modeled using the process described in 49 CFR Part 40. However, all non-USDOT follow-up tests and all paperwork associated with an employee's return-to-work agreement that was not precipitated by a positive test result (or refusal to test) does not constitute a violation of the Federal regulations will be conducted under company authority and will be performed using non-DOT testing forms.

Q. RESULT OF DRUG/ALCOHOL TEST

- 1) Any covered employee that has a verified positive drug or alcohol test, or test refusal, will be removed from his/her safety-sensitive position, informed of educational and rehabilitation programs available, and will be provided with a list of at least two (2) USDOT qualified Substance Abuse Professionals (SAP) for assessment, and will be terminated.
- 2) Following a negative dilute the employee will be required to undergo another test. Should this second test result in a negative dilute result, the test will be considered a negative and no additional testing will be required unless directed to do so by the MRO.
- 3) Refusal to submit to a drug/alcohol test shall be considered equivalent to a positive test result and a direct act of insubordination and shall result in

termination and referral to a list of USDOT qualified SAPs. A test refusal is defined as any of the following circumstances:

- a. Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer.
 - b. Fail to remain at the testing site until the testing process is complete. An employee who leaves the testing site before the testing process commences for a pre-employment test has not refused to test.
 - c. Fail to attempt to provide a breath or urine specimen. An employee who does not provide a urine or breath specimen because he or she has left the testing site before the testing process commenced for a pre-employment test has not refused to test.
 - d. In the case of a directly-observed or monitored urine drug collection, fail to permit monitoring or observation of your provision of a specimen.
 - e. Fail to provide a sufficient quantity of urine or breath without a valid medical explanation.
 - f. Fail or decline to take a second test as directed by the collector or the employer for drug testing.
 - g. Fail to undergo a medical evaluation as required by the MRO or the employer's Designated Employer Representative (DER).
 - h. Fail to cooperate with any part of the testing process.
 - i. Fail to follow an observer's instructions to raise and lower clothing and turn around during a directly-observed test.
 - j. Possess or wear a prosthetic or other device used to tamper with the collection process.
 - k. Admit to the adulteration or substitution of a specimen to the collector or MRO.
 - l. Refuse to sign the certification at Step 2 of the Alcohol Testing Form (ATF).
 - m. Fail to remain readily available following an accident.
 - n. As a covered employee, if the MRO reports that you have a verified adulterated or substituted test result, you have refused to take a drug test.
- 4) An alcohol test result of ≥ 0.02 to ≤ 0.039 BAC shall result in the removal of the employee from duty for eight hours or the remainder of the work day whichever is longer. Under Cherokee County's sole authority, no less than 24 hours may pass between the administration of the test and the employee's return to work. The employee will not be allowed to return to safety-sensitive duty for his/her next shift until he/she submits to a NONDOT alcohol test with a result of less than 0.02 BAC.

- 5) In the instance of a self-referral or a management referral, disciplinary action against the employee shall include:
- a. Mandatory referral for an assessment by an employer approved counseling professional for assessment, formulation of a treatment plan, and execution of a return-to-work agreement;
 - b. Failure to execute, or remain compliant with the return-to-work agreement shall result in termination from Cherokee County Transit [TRANSIT SYSTEM NAME]—employment.
 - i. Compliance with the return-to-work agreement means that the employee has submitted to a drug/alcohol test immediately prior to returning to work; the result of that test is negative; the employee is cooperating with his/her recommended treatment program; and, the employee has agreed to periodic unannounced follow-up testing as described in Section P of this policy; however, all follow-up testing performed as part of a return-to-work agreement required under section Q of this policy is under the sole authority of Cherokee County Transit [TRANSIT SYSTEM NAME] and will be performed using non-DOT testing forms.
 - c. Refusal to submit to a periodic unannounced follow-up drug/alcohol test shall be considered a direct act of insubordination and shall result in termination. **All tests conducted as part of the return-to-work agreement will be conducted under company authority and will be performed using non-DOT testing forms.**
 - d. **A self-referral or management referral to the employer's counseling professional that was not precipitated by a positive test result does not constitute a violation of the Federal regulations and will not be considered as a positive test result in relation to the progressive discipline defined in Section Q of this policy.**
 - e. Periodic unannounced follow-up drug/alcohol testing conducted as a result of a self-referral or management referral which results in a verified positive shall be considered a positive test result in relation to the progressive discipline defined in Section Q of this policy.
 - f. A Voluntary Referral does not shield an employee from disciplinary action or guarantee employment with Cherokee County Transit [TRANSIT SYSTEM NAME].
 - g. A Voluntary Referral does not shield an employee from the requirement to comply with drug and alcohol testing.
- 6) Failure of an employee to report within five days a criminal drug statute conviction for a violation occurring in the workplace shall result in termination.

R. GRIEVANCE AND APPEAL

The consequences specified by 49 CFR Part 40.149 (c) for a positive test or test refusal is not subject to arbitration.

S. PROPER APPLICATION OF THE POLICY

Cherokee County Transit [TRANSIT SYSTEM NAME] is dedicated to assuring fair and equitable application of this substance abuse policy. Therefore, supervisors/managers are required to use and apply all aspects of this policy in an unbiased and impartial manner. Any supervisor/manager who knowingly disregards the requirements of this policy, or who is found to deliberately misuse the policy in regard to subordinates, shall be subject to disciplinary action, up to and including termination.

T. INFORMATION DISCLOSURE

- 1) Drug/alcohol testing records shall be maintained by the Cherokee County Transit [TRANSIT SYSTEM NAME] Drug and Alcohol Program Manager and, except as provided below or by law, the results of any drug/alcohol test shall not be disclosed without express written consent of the tested employee.
- 2) The employee, upon written request, is entitled to obtain copies of any records pertaining to their use of prohibited drugs or misuse of alcohol including any drug or alcohol testing records. Covered employees have the right to gain access to any pertinent records such as equipment calibration records, and records of laboratory certifications. Employees may not have access to SAP follow-up testing plans.
- 3) Records of a verified positive drug/alcohol test result shall be released to the Drug and Alcohol Program Manager, and other transit system management personnel on a need-to-know basis.
- 4) Records will be released to a subsequent employer only upon receipt of a written request from the employee.
- 5) Records of an employee's drug/alcohol tests shall be released to the adjudicator in a grievance, lawsuit, or other proceeding initiated by or on behalf of the tested individual arising from the results of the drug/alcohol test. The records will be released to the decision maker in the proceeding.

- 6) Records will be released to the National Transportation Safety Board during an accident investigation.
- 7) Information will be released in a criminal or civil action resulting from an employee's performance of safety-sensitive duties, in which a court of competent jurisdiction determines that the drug or alcohol test information is relevant to the case and issues an order to the employer to release the information. The employer will release the information to the decision maker in the proceeding with a binding stipulation that it will only be released to parties of the proceeding.
- 8) Records will be released to the DOT or any DOT agency with regulatory authority over the employer or any of its employees.
- 9) Records will be released if requested by a Federal, state or local safety agency with regulatory authority over Cherokee County Transit **[TRANSIT SYSTEM NAME]** or the employee.
- 10) If a party seeks a court order to release a specimen or part of a specimen contrary to any provision of Part 40 as amended, necessary legal steps to contest the issuance of the order will be taken.
- 11) In cases of a contractor or sub-recipient of a state department of transportation, records will be released when requested by such agencies that must certify compliance with the regulation to the FTA.

This Policy was adopted by the [LOCAL GOVERNING BOARD] on [MONTH DD, YEAR].

[APPLICABLE SIGNATURES]

Attachment A

| <u>Job Title</u> | <u>Job Duties</u> | <u>Testing Authority</u> |
|----------------------------|---------------------------------|----------------------------|
| <u>Operator</u> | <u>Operates Transit Vehicle</u> | <u>FTA/Cherokee County</u> |
| <u>Dispatcher</u> | <u>Back-up Operator</u> | <u>FTA/Cherokee County</u> |
| <u>Transit Specialist</u> | <u>Back-up Operator</u> | <u>FTA/Cherokee County</u> |
| <u>Transit Coordinator</u> | <u>Back-up Operator</u> | <u>FTA/Cherokee County</u> |

Attachment B Contacts

Any questions regarding this policy or any other aspect of the substance abuse policy should be directed to the following individual(s).

Cherokee County Transit [TRANSIT SYSTEM NAME] Drug and Alcohol Program Manager

Name: Jennifer West

Title: Transit Director

Address: 77 Hardin St Murphy, NC

Telephone Number: 828-835-4548

Medical Review Officer

Name: David Nahin

Title: Certified Medical Review Officer

Address: 9501 Northfield Blvd, Denver, CO 80238

Telephone Number: 877-585-7366

Substance Abuse Professional #1

Name: Andrea Morris

Title: Therapeutic Consultant/Master Addiction Counselor/ Substance Abuse Professional

Address: 190 Broadway Street, Suite 204 Asheville, NC 28801

Telephone Number: 828-785-4285

Substance Abuse Professional #2

Name: Gene Smith

Title: SAP-Addictions Counselor

Address: 1045 Main St, Suite 3 Danville, VA 24541

Telephone Number: 800-776-3022

HHS Certified Laboratory Primary Specimen

Name: Medtox Laboratories

Address: 402 W County Rd D, St Paul, MN 55112

Telephone Number: 651-636-7466



Cherokee County
Application for Boards/Commissions/Committees

Please complete each section

Full Name Brenda Martins Date of Birth [REDACTED]
Home Address 242 Bunny Run Murphy, NC. 28906
Home Phone [REDACTED]

Current Employers Self-Employed
Job Title Educational Consultant Years in current position 6
Business Phone [REDACTED] Fax: [REDACTED]

E-Mail Address: skybabe01@aol.com

Duties Teacher training on curriculum for students with special needs.

Other employment history 2006-2016 Specialist - Henry County Schools

It is the Board of Commissioners goal to maintain a balance of membership on its Boards/Commissions/Committees based on race, gender and County district residency.

District No. Murphy

Male [REDACTED] Female ✓

White ✓ Black [REDACTED] Hispanic [REDACTED] Native American [REDACTED] Asian [REDACTED] Other [REDACTED]

Board/Commission/Committee Applying For (list only one per form) CAC

Generally, the Board of Commissioners desires to broaden participation on Boards/Commissions/Committees for as much citizen involvement as possible; therefore, a goal is to limit appointees to no more than 2 Boards/Commissions/Committees. Therefore, please list any other Boards/Commissions/Committees on which you currently serve:

Why are you interested in serving on this Board/Commission/Committee? To ensure

that the older population served in licensed adult care and nursing homes have the services they need.

DO NOT SUBMIT RESUMES/ATTACHMENTS
(OVER)

Interests/Skills/Areas of Expertise/Professional Organizations/Activities: _____

Volunteer - Western NC Embury Hospital
NC Master Gardener
Teacher Trainer -

Affirmation of Eligibility:

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction? ☒ No ☐ Yes

If yes, please explain disposition: _____

Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners? Yes ☐ No ☒

If yes, please explain: _____

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee. I understand regular attendance to any Council Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the County Manager and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.

Signature _____

Date: _____

9/26/2022

Form is invalid if not signed and dated

Return completed form to:

Clerk to the Board

75 Peachtree Street, Suite 112

Murphy, NC 28906

Phone: (828) 837-5527 Fax: (828) 837-9684

Applicants are required to be a resident of Cherokee County

MUST PROVIDE VALID ID OR DRIVER'S LICENSE AS PROOF OF RESIDENCY

NASA Committee Applicants

Heidi Holton

Doug Clement

Laura Cheek

Kevin Carter

Margaret Ackiss

Sue Lynn Ledford

John (Jack) Simons

Ben Wilson

Keith Wood

Chasity Ledford

Phoebe Donahue

Robin Sargent

Anne Rose

William Gelert

Philip St. John

Callie Radford

Jeanie Setser Teague

Mark Stiles



Cherokee County
Application for Boards/Commissions/Committees

Please complete each section

Full Name Heidi Holton Date of Birth [REDACTED]

Home Address 220 Talulu Pass Murphy, NC

Home Phone [REDACTED] 28906

Current Employers Tri County Community College

Job Title Therapeutic Massage Instructor Years in current position New hire

Business Phone: 828-835-4296 Fax: _____

E-Mail Address: hholton@tricountycc.edu

Duties Teaching Therapeutic Massage, recruiting students

Other employment history Massage Therapist, Musician, Special Education Instructor, Yoga Teacher

It is the Board of Commissioners goal to maintain a balance of membership on its Boards/Commissions/Committees based on race, gender and County district residency.

District No. _____

Male _____ Female X

White X Black _____ Hispanic _____ Native American _____ Asian _____ Other _____

Board/Commission/Committee Applying For (list only one per form) _____

Generally, the Board of Commissioners desires to broaden participation on Boards/Commissions/Committees for as much citizen involvement as possible; therefore, a goal is to limit appointees to no more than 2 Boards/Commissions/Committees. Therefore, please list any other Boards/Commissions/Committees on which you currently serve:

N/A

Why are you interested in serving on this Board/Commission/Committee? I recently moved home + AM eager to get involved with my community.

DO NOT SUBMIT RESUMES/ATTACHMENTS
(OVER)

Interests/Skills/Areas of Expertise/Professional Organizations/Activities: Music,
Art, culture, AMTA Member, Yoga Alliance
Member

Affirmation of Eligibility:

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes _____ No X If yes, please explain disposition: _____

Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners? Yes _____ No X

If yes, please explain: _____

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee. I understand regular attendance to any Council Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the County Manager and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.

Signature _____

Date: 12-6-2022

Form is invalid if not signed and dated

Return completed form to:

Clerk to the Board
75 Peachtree Street, Suite 112
Murphy, NC 28906
Phone: (828) 837-5527 Fax: (828) 837-9684

Applicants are required to be a resident of Cherokee County

MUST PROVIDE VALID ID OR DRIVER'S LICENSE AS PROOF OF RESIDENCY



Cherokee County
Application for Boards/Commissions/Committees

Please complete each section

Full Name Douglas Clement Date of Birth [REDACTED]

Home Address 34 Redmond Road #1505, Murphy, NC 28906

Home Phone [REDACTED]

Current Employers NC Cooperative Extension/NC State University

Job Title County Extension Director/Ag Agent Years in current position 26

Business Phone: 828-837-2210 Fax: _____

E-Mail Address: doug_clement@ncsu.edu

Duties Responsible for Administration of educational programs at it relates to agriculture, Community Development, Family and Consumer Sciences, and 4-H Youth Development. Also responsible for educational programs in agriculture. Firefighter

Other employment history Farmer, Radio Announcer, Manager Farm Supply Store, 4H Agent, 4-H/Livestock Agent, Livestock Agent

It is the Board of Commissioners goal to maintain a balance of membership on its Boards/Commissions/Committees based on race, gender and County district residency.

District No. 4

Male ☒ Female _____

White _____ Black _____ Hispanic _____ Native American _____ Asian _____ Other ☒

Board/Commission/Committee Applying For (list only one per form) Needs and Solutions Advisory Committee

Generally, the Board of Commissioners desires to broaden participation on Boards/Commissions/Committees for as much citizen involvement as possible; therefore, a goal is to limit appointees to no more than 2 Boards/Commissions/Committees. Therefore, please list any other Boards/Commissions/Committees on which you currently serve:

None

Why are you interested in serving on this Board/Commission/Committee? To assist with the collection and analysis of data and comments from citizens of Cherokee County in the communities they reside.

DO NOT SUBMIT RESUMES/ATTACHMENTS
(OVER)

Interests/Skills/Areas of Expertise/Professional Organizations/Activities: _____

BS in Agriculture and a MS in Adult Education with a Minor in Crop Science. Certified Community Coach and Facilitator.

Member of National Association County Agriculture Agents and Martins Creek Fire Department.

Affirmation of Eligibility:

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes _____ No X If yes, please explain disposition: _____

Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners? Yes _____ No X

If yes, please explain: _____

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee. I understand regular attendance to any Council Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the County Manager and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.

Signature: _____ Date: 12/06/22
Form is invalid if not signed and dated

Return completed form to:

Clerk to the Board
75 Peachtree Street, Suite 112
Murphy, NC 28906
Phone: (828) 837-5527 Fax: (828) 837-9684

Applicants are required to be a resident of Cherokee County

MUST PROVIDE VALID ID OR DRIVER'S LICENSE AS PROOF OF RESIDENCY



Cherokee County
Application for Boards/Commissions/Committees

Please complete each section

Full Name Laura Cheek Date of Birth [REDACTED]

Home Address 1111 Daybreak Blvd Murphy, NC

Home Phone [REDACTED]

Current Employers Retired

Job Title Emory University Healthcare Years in current position 25

Business Phone: _____ Fax: _____

E-Mail Address: Lcheek2020@gmail.com

Duties Diagnostic Medical Sonographer / Departments Health Screening Representative

Worked closely with and Communicated with over 25 Radiologists on a daily basis.

Other employment history Atlanta Ent Medical Assistant

It is the Board of Commissioners goal to maintain a balance of membership on its Boards/Commissions/Committees based on race, gender and County district residency.

District No. 4

Male _____ Female Ä

White Ä Black _____ Hispanic _____ Native American _____ Asian _____ Other _____

Board/Commission/Committee Applying For (list only one per form) NASA

Generally, the Board of Commissioners desires to broaden participation on Boards/Commissions/Committees for as much citizen involvement as possible; therefore, a goal is to limit appointees to no more than 2 Boards/Commissions/Committees. Therefore, please list any other Boards/Commissions/Committees on which you currently serve:

I am not currently serving any other boards

Why are you interested in serving on this Board/Commission/Committee? I would like to see

WNC continue to grow for the better of the community but in a sustainable fashion.

DO NOT SUBMIT RESUMES/ATTACHMENTS
(OVER)

Interests/Skills/Areas of Expertise/Professional Organizations/Activities: Previously served
as our departments Health advocate to Screen , Test and Mandate Vaccinations and TB screen
for over 75 employees . Currently registered with American Registry Diagnostic Ultrasound .A
Volunteered in Atlanta Ga for 2016 GOP party . Attend all Cherokee County Commissioners n

Affirmation of Eligibility:

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes _____ No A If yes, please explain disposition: _____

Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners? Yes _____ No A

If yes, please explain: _____

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee. I understand regular attendance to any Council Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the County Manager and requests for updates will be sought prior to any consideration for reappointment to any Board/Commission/Committee.

Signed:  Date: 12/07/2022
Form is invalid if not signed and dated

Return completed form to:

Clerk to the Board
75 Peachtree Street, Suite 112
Murphy, NC 28906
Phone: (828) 837-5527 Fax: (828) 837-9684

Applicants are required to be a resident of Cherokee County

MUST PROVIDE VALID ID OR DRIVER'S LICENSE AS PROOF OF RESIDENCY



Cherokee County
Application for Boards/Commissions/Committees

Please complete each section

Full Name Kevin Lee Carter Date of Birth [REDACTED]

Home Address 201 Poppys Mountain Road, Murphy, NC 28906

Home Phone [REDACTED]

Current Employers Cherokee County Government

Job Title Fire Marshal Years in current position 5

Business Phone: 828-837-0090 Fax: 828-837-1284

E-Mail Address: kevin.carter@cherokee-county-nc.gov

Duties Enforce state fire in Cherokee County. Provide fire safety education. Help prepare emergency action plans.

Assist in county emergency operations when needed.

Other employment history _____

It is the Board of Commissioners goal to maintain a balance of membership on its Boards/Commissions/Committees based on race, gender and County district residency.

District No. 5

Male ☒ Female _____

White ☒ Black _____ Hispanic _____ Native American _____ Asian _____ Other _____

Board/Commission/Committee Applying For (list only one per form) NASA

Generally, the Board of Commissioners desires to broaden participation on Boards/Commissions/Committees for as much citizen involvement as possible; therefore, a goal is to limit appointees to no more than 2 Boards/Commissions/Committees. Therefore, please list any other Boards/Commissions/Committees on which you currently serve:

N/A

Why are you interested in serving on this Board/Commission/Committee? _____

I would like to use my skills and resources to help provide a better future for my family and all residents of the county.

DO NOT SUBMIT RESUMES/ATTACHMENTS
(OVER)

Interests/Skills/Areas of Expertise/Professional Organizations/Activities: _____

I make my way into every business in the county on a routine basis giving me an established relationship with business owners.

I have an extensive background in public safety.

Affirmation of Eligibility:

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes _____ No ☒ If yes, please explain disposition: _____

Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners? Yes _____ No ☒

If yes, please explain: _____

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee. I understand regular attendance to any Council Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the County Manager and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.

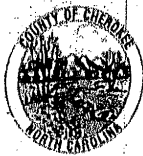
Signature: _____ Date: 12/07/2022
Form is invalid if not signed and dated

Return completed form to:

Clerk to the Board
75 Peachtree Street, Suite 112
Murphy, NC 28906
Phone: (828) 837-5527 Fax: (828) 837-9684

Applicants are required to be a resident of Cherokee County

MUST PROVIDE VALID ID OR DRIVER'S LICENSE AS PROOF OF RESIDENCY



Cherokee County
Application for Boards/Commissions/Committees

Please complete each section

Full Name Margaret Beth Keenum Ackiss

Date of Birth [REDACTED]

Home Address 1051 Valley River Ave, Murphy, NC 28906

Home Phone [REDACTED]

Current Employers AT&T

Job Title Business Development, IoT

Years in current position 25/35 total

Business Phone: Same as above

Fax:

E-Mail Address: Margackiss@me.com

Duties Software Application development/transport design of complex wireless

networks. Expertise in wireline, wireless & satellite network design & delivery (including contracting).

Other employment history Sprint 20 years

It is the Board of Commissioners goal to maintain a balance of membership on its
Boards/Commissions/Committees based on race, gender and County district residency.

District No.

Male X Female

White X Black Hispanic Native American X Asian Other

Board/Commission/Committee Applying For (list only one per form)

Generally, the Board of Commissioners desires to broaden participation on
Boards/Commissions/Committees for as much citizen involvement as possible; therefore, a goal is to
limit appointees to no more than 2 Boards/Commissions/Committees. Therefore, please list any other
Boards/Commissions/Committees on which you currently serve:

District 11 NC GOP Executive Secretary

Why are you interested in serving on this Board/Commission/Committee?

My expertise in technology can assist our county in employment opportunities as well community network design.

DO NOT SUBMIT RESUMES/ATTACHMENTS
(OVER)

Interests/Skills/Areas of Expertise/Professional Organizations/Activities: _____

IoT networking, wireline network design. Cisco certs-CCNP & CCNA. AT&T Certs- 5G, MPLS, IOT

& Mobility certified. Professional Women of Technology

Affirmation of Eligibility:

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes _____ No ☒ If yes, please explain disposition:

Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners? Yes _____ No ☒

If yes, please explain: _____

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee. I understand regular attendance to any Council Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the County Manager and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.

Signature: _____

Date: _____

12/14/2022

Form is invalid if not signed and dated

Return completed form to:

Clerk to the Board

75 Peachtree Street, Suite 112

Murphy, NC 28906

Phone: (828) 837-5527 Fax: (828) 837-9684

Applicants are required to be a resident of Cherokee County

MUST PROVIDE VALID ID OR DRIVER'S LICENSE AS PROOF OF RESIDENCY



Cherokee County
Application for Boards/Commissions/Committees

Please complete each section

Full Name Shannon Greatehead Date of Birth [REDACTED]

Home Address 86 Wisdom Way, Murphy, NC 28906

Home Phone [REDACTED]

Current Employers n/a

Job Title homemaker Years in current position

Business Phone: [REDACTED] Fax:

E-Mail Address: sgreatehead72@yahoo.com

Duties

Other employment history

It is the Board of Commissioners goal to maintain a balance of membership on its Boards/Commissions/Committees based on race, gender and County district residency.

District No. 3

Male Female X

White X Black Hispanic X Native American Asian Other

Board/Commission/Committee Applying For (list only one per form) NASA

Generally, the Board of Commissioners desires to broaden participation on Boards/Commissions/Committees for as much citizen involvement as possible; therefore, a goal is to limit appointees to no more than 2 Boards/Commissions/Committees. Therefore, please list any other Boards/Commissions/Committees on which you currently serve:

Why are you interested in serving on this Board/Commission/Committee? My involvement with the

community allows insite into needs,contacts with outreach agencies and the ability & desire to help our county succeed.

DO NOT SUBMIT RESUMES/ATTACHMENTS
(OVER)

Interests/Skills/Areas of Expertise/Professional Organizations/Activities: Community organizer,
Member of WCARS-Murphy, VEC area coordinator (Cherokee County) Ham Radio Club,
Social Media Blogger, Researcher/Data Analyst, Graphic Artist.

Affirmation of Eligibility:

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes _____ No X If yes, please explain disposition: _____

Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners? Yes _____ No X

If yes, please explain: _____

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee. I understand regular attendance to any Council Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the County Manager and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.

Signature: [Redacted Signature] Date: December 14, 2022
Form is invalid if not signed and dated

Return completed form to:

Clerk to the Board
75 Peachtree Street, Suite 112
Murphy, NC 28906
Phone: (828) 837-5527 Fax: (828) 837-9684

Applicants are required to be a resident of Cherokee County

MUST PROVIDE VALID ID OR DRIVER'S LICENSE AS PROOF OF RESIDENCY



Cherokee County
Application for Boards/Commissions/Committees

Please complete each section.

Full Name Dr. Sue Lynn Ledford Date of Birth [REDACTED]

Home Address 115 Helton Rd. Murphy NC 28906

Home Phone [REDACTED]

Current Employers Four Square Community Action

Job Title Executive Director Years in current position 9 months

Business Phone: 828 321 4475 Fax: 828 321 3457

E-Mail Address: suelynnledford@gmail.com

Duties Responsible for all Four Square programs across four county region. Services include Head Start, HUD Section 8 Housing

Services for low-income families include Head Start, HUD Section 8 Housing, Weatherization, social workers, Urgent Home repairs, other Housing related programs, and multiple grants that serve Cherokee County

Other employment history Population Health Director for WellCare NC MCO, Public Health Director Wake County, School Health programs in Cherokee County

It is the Board of Commissioners goal to maintain a balance of membership on its Boards/Commissions/Committees based on race, gender and County district residency.

District No. Hot House District 4

Male _____ Female X

White X Black _____ Hispanic _____ Native American X Asian _____ Other _____

Board/Commission/Committee Applying For (list only one per form) NASA Committee

Generally, the Board of Commissioners desires to broaden participation on Boards/Commissions/Committees for as much citizen involvement as possible; therefore, a goal is to limit appointees to no more than 2 Boards/Commissions/Committees. Therefore, please list any other Boards/Commissions/Committees on which you currently serve:

Why are you interested in serving on this Board/Commission/Committee? I have served in various capacities in Cherokee County and find here a

The multiple county assessments conducted by various agencies and programs and the qualitative feedback from our citizens can serve as the foundation to map our counties strengths and gaps. I believe there are proven evidence-based methods available to both identify needs

DO NOT SUBMIT RESUMES/ATTACHMENTS
(OVER)

Interests/Skills/Areas of Expertise/Professional Organizations/Activities:

Interests: Housing, health, education, needs of elderly, and

services that are proven strategies and cost-effective for our residents.

Skill: Proven expertise in fiscal oversight for multi-million budgets, in-depth research and community assessment evaluation and strategic planning, degrees in

Bachelor of Science in Nursing, Master in Public Administration and Doctorate in Health Policy and Administration as well as lived experience as a change agent to address community needs.

Professional orgs and activities: NC Community Action, NC Public Health Assoc., State Smart Start Board for 8 years, NC Board of Nursing, church member, as well as other community organizations.

Affirmation of Eligibility:

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes _____ No X If yes, please explain disposition: _____

Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners? Yes _____ No X

If yes, please explain: _____

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee. I understand regular attendance to any Council Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the County Manager and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.

Signature: _____

Date: 12-15-2022

Form is invalid if not signed and dated

Return completed form to:

Clerk to the Board
75 Peachtree Street, Suite 112
Murphy, NC 28906
Phone: (828) 837-5527 Fax: (828) 837-9684

Applicants are required to be a resident of Cherokee County

MUST PROVIDE VALID ID OR DRIVER'S LICENSE AS PROOF OF RESIDENCY

Dr. Sue Lynn Ledford

NASA Committee information

I have served in various capacities in Cherokee County and lived here my entire life, except for the years I served as Health Director for NC's largest Public Health Department. I have noted many needs that deserve focused attention. The multiple county assessments conducted by various agencies and programs and the qualitative feedback from our citizens can serve as the foundation to map our counties strengths and gaps. I believe there are proven evidence-based methods available to both identify needs and develop effective strategies for our county to deploy. I would welcome the opportunity to serve my county by working with the NASA Committee.

Interests/skills/areas of expertise

Interests: Housing, health, education, needs of elderly, and services that are proven strategies and cost-effective for our residents.

Skills: Proven expertise in fiscal oversight for multi-million budgets, in-depth research and community assessment evaluation and strategic planning, degrees in Bachelor of Science in Nursing, Master in Public Administration and Doctorate in Health Policy and Administration as well as lived experience as a change agent to address community needs.

Professional orgs and activities: NC Community Action, State Smart Start Board for 8 years, NC Board of Nursing, church member, as well as other community organizations.



Cherokee County
Application for Boards/Commissions/Committees

Please complete each section

Full Name John Edwin Simons Date of Birth [REDACTED]

Home Address 36 Wild Country Ln., Murphy, NC 28906

Home Phone [REDACTED]

Current Employers Retired

Job Title N/A Years in current position 27

Business Phone: N/A Fax: N/A

E-Mail Address: jepsimons@yahoo.com

Duties _____

Other employment history MHTCo, Arlen Realty & Dev Co, Irving Trust Co., Conforti & Eisele Construction Co., Sunbelt Investment Holdings Inc _____

It is the Board of Commissioners goal to maintain a balance of membership on its Boards/Commissions/Committees based on race, gender and County district residency.

District No. 3

Male ☒ Female _____

White ☒ Black _____ Hispanic _____ Native American _____ Asian _____ Other _____

Board/Commission/Committee Applying For (list only one per form) CC NASA Committee

Generally, the Board of Commissioners desires to broaden participation on Boards/Commissions/Committees for as much citizen involvement as possible; therefore, a goal is to limit appointees to no more than 2 Boards/Commissions/Committees. Therefore, please list any other Boards/Commissions/Committees on which you currently serve:
None in Cherokee County

Why are you interested in serving on this Board/Commission/Committee? I believe my real

estate development experience, combined with extensive construction, management, leasing and financial analysis would be helpful to the county's long term planning and directly addressing its short term problems.

DO NOT SUBMIT RESUMES/ATTACHMENTS
(OVER)

Interests/Skills/Areas of Expertise/Professional Organizations/Activities: _____
Extensive work with Planning and Development at the Municipal and County levels,

Affirmation of Eligibility:

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes _____ No X If yes, please explain disposition: _____

Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners? Yes _____ No X

If yes, please explain: _____

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee. I understand regular attendance to any Council Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the County Manager and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.

Signature _____

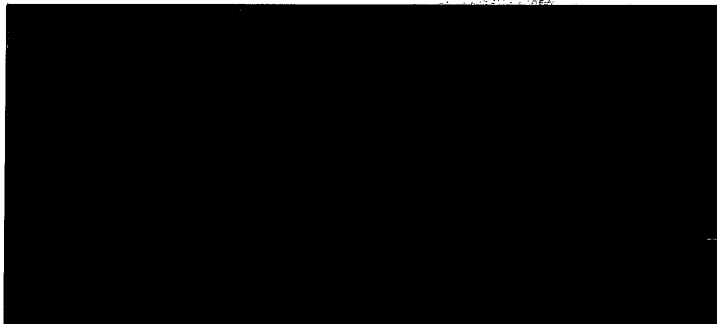
Date: 12/16/22
Form is invalid if not signed and dated

Return completed form to:

Clerk to the Board
75 Peachtree Street, Suite 112
Murphy, NC 28906
Phone: (828) 837-6527 Fax: (828) 837-9684

Applicants are required to be a resident of Cherokee County

MUST PROVIDE VALID ID OR DRIVER'S LICENSE AS PROOF OF RESIDENCY





Cherokee County
Application for Boards/Commissions/Committees

Please complete each section

Full Name Benjamin Wilson Date of Birth [REDACTED]

Home Address 358 Peachtree St Murphy NC 28906

Home Phone [REDACTED]

Current Employers Mercer

Job Title Director Years in current position 3+

Business Phone: 502.544.5898 Fax: _____

E-Mail Address: bwilson@digital.mercer.com

Duties Responsible for \$20+ MM business annually

Other employment history _____

It is the Board of Commissioners goal to maintain a balance of membership on its Boards/Commissions/Committees based on race, gender and County district residency.

District No. 3

Male ☒ Female _____

White ☒ Black _____ Hispanic _____ Native American _____ Asian _____ Other _____

Board/Commission/Committee Applying For (list only one per form) _____

Generally, the Board of Commissioners desires to broaden participation on Boards/Commissions/Committees for as much citizen involvement as possible; therefore, a goal is to limit appointees to no more than 2 Boards/Commissions/Committees. Therefore, please list any other Boards/Commissions/Committees on which you currently serve:

None

Why are you interested in serving on this Board/Commission/Committee? Interested in

future of our children

DO NOT SUBMIT RESUMES/ATTACHMENTS
(OVER)

Interests/Skills/Areas of Expertise/Professional Organizations/Activities: Experienced in
balancing budgets, securing grants, bidding on projects, and
managing a budget

Affirmation of Eligibility:

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes _____ No ☒ If yes, please explain disposition: _____

Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners? Yes _____ No ☒

If yes, please explain: _____

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee. I understand regular attendance to any Council Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the County Manager and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.

Signature: _____ Date: 12/20/22
Form is invalid if not signed and dated

Return completed form to:

Clerk to the Board
75 Peachtree Street, Suite 112
Murphy, NC 28906
Phone: (828) 837-5527 Fax: (828) 837-9684

Applicants are required to be a resident of Cherokee County

MUST PROVIDE VALID ID OR DRIVER'S LICENSE AS PROOF OF RESIDENCY



Cherokee County
Application for Boards/Commissions/Committees

Please complete each section

Full Name Keith Wood Date of Birth [REDACTED]
Home Address 990 Henry Fields Rd, PO Box 1521 Andrews
Home Phone [REDACTED]

Current Employers Self

Job Title Home Inspector Years in current position 2

Business Phone: [REDACTED] Fax: [REDACTED]

E-Mail Address: wkwood3400@gmail.com

Duties Home Inspector, Radon Tests, Licensed Contractor

Other employment history NC Cop Ext 2004-2009, Farmer 1980-2004

It is the Board of Commissioners goal to maintain a balance of membership on its
Boards/Commissions/Committees based on race, gender and County district residency.

District No. 1

Male ☒ Female ☐

White ☒ Black ☐ Hispanic ☐ Native American ☐ Asian ☐ Other ☐

Board/Commission/Committee Applying For (list only one per form) _____

Generally, the Board of Commissioners desires to broaden participation on
Boards/Commissions/Committees for as much citizen involvement as possible; therefore, a goal is to
limit appointees to no more than 2 Boards/Commissions/Committees. Therefore, please list any other
Boards/Commissions/Committees on which you currently serve:

Why are you interested in serving on this Board/Commission/Committee? Help the
county identify the needs of the citizens

DO NOT SUBMIT RESUMES/ATTACHMENTS
(OVER)

Interests/Skills/Areas of Expertise/Professional Organizations/Activities: Construction,
Home Inspection, Agriculture, Property management
Aviation

Affirmation of Eligibility:

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes _____ No X If yes, please explain disposition: _____

Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners? Yes _____ No X

If yes, please explain: _____

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee. I understand regular attendance to any Council Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the County Manager and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.

Signature: _____ Date: 1-5-2023
Form is invalid if not signed and dated

Return completed form to:

Clerk to the Board
75 Peachtree Street, Suite 112
Murphy, NC 28906
Phone: (828) 837-5527 Fax: (828) 837-9684

Applicants are required to be a resident of Cherokee County

MUST PROVIDE VALID ID OR DRIVER'S LICENSE AS PROOF OF RESIDENCY

Letter of interest to be considered for the
Needs and Solutions Advisory Committee
(NASA)

December 26, 2022

Cherokee County Board of Commissioners

Cherokee County Commissioners,

I would like to submit my application to serve on the NASA committee. I have been a lifelong resident of Cherokee County and would like to see our county identify our needs and develop common sense solutions to meet those needs. My past work history is mostly Agricultural related. After graduating from NC State University in Agronomy, I was an active partner on our family farm in Andrews from 1980 to 2004. I am still a partner in the farm, but not full time. In 2004, I became the horticulture agent for the NC Cooperative Extension Service in Cherokee County until retirement in early 2021. Currently, I am a licensed home inspector and a licensed General Contractor. I have been in various service organizations and clubs. Hopefully, my experience in these areas would be complementary to the NASA committee. Thank you for considering me for this opportunity. A resume can be provided upon request.

Keith Wood

PO Box 1521

Andrews NC

wkwood3400@gmail.com

828-361-4161



Cherokee County
Application for Boards/Commissions/Committees

Please complete each section

Full Name Chasity Ledford Date of Birth [REDACTED]

Home Address 221 Collett Woods Trail Andrews, NC 28901

Home Phone [REDACTED]

Current Employers [REDACTED]

Job Title Stylist Years in current position 13

Business Phone: [REDACTED] Fax: N/A

E-Mail Address: chasityledford@gmail.com

Duties Professional Hair Stylist

Other employment history [REDACTED]

It is the Board of Commissioners goal to maintain a balance of membership on its Boards/Commissions/Committees based on race, gender and County district residency.

District No. 1

Male [REDACTED] Female X

White X Black [REDACTED] Hispanic [REDACTED] Native American [REDACTED] Asian [REDACTED] Other [REDACTED]

Board/Commission/Committee Applying For (list only one per form) NASA

Generally, the Board of Commissioners desires to broaden participation on Boards/Commissions/Committees for as much citizen involvement as possible; therefore, a goal is to limit appointees to no more than 2 Boards/Commissions/Committees. Therefore, please list any other Boards/Commissions/Committees on which you currently serve:

Andrews ABC Board

Why are you interested in serving on this Board/Commission/Committee? [REDACTED]

I would like to assist bringing in new and exciting items to our County.

DO NOT SUBMIT RESUMES/ATTACHMENTS
(OVER)

Interests/Skills/Areas of Expertise/Professional Organizations/Activities: I am currently very active on our

Small event group for the Town of Andrews. A couple events we have put together have been the County Fair and most recent the Christmas Parade, where we had a seperate after

event with hot cocoa, Pictures with Santa and Food Trucks. I feel as though where my age bracket lands, I can have a different perspective

of what citizens are seeking. I have the time that allows to be involved in such board, and I can offer my own research to find items that should be brought into the County. With my job as a stylist, I talk to mpsents of small children and new residents, I am always hearing requests

Affirmation of Eligibility:

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes _____ No X If yes, please explain disposition: _____

Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners? Yes _____ No X

If yes, please explain: _____

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee. I understand regular attendance to any Council Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the County Manager and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.

Signature: _____ Date: 01/08/2023
Form is invalid if not signed and dated

Return completed form to:

Clerk to the Board
75 Peachtree Street, Suite 112
Murphy, NC 28906
Phone: (828) 837-5527 Fax: (828) 837-9684

Applicants are required to be a resident of Cherokee County

MUST PROVIDE VALID ID OR DRIVER'S LICENSE AS PROOF OF RESIDENCY

Chasity Hedford

I am currently very active on our small event group for the town of Andrews. A couple events we have put together have been the County Fair and most recent the Christmas Parade, where we had a separate after event with hot cocoa, pictures with Santa and Food Trucks. I feel as though where my age bracket lands, I can have a different perspective of what the citizens are seeking in the area. I have the time that allows to be involved in such board, and I will offer to do my own research to seek items that should be brought into the County. With my job as a stylist, I talk to parents of small children and new residents, I am always hearing requests for our area.



Cherokee County
Application for Boards/Commissions/Committees

Please complete each section

Full Name Phoebe Michelle Donohue Date of Birth [REDACTED]

Home Address 2007 Hanging Dog Rd. Murphy NC 28906

Home Phone [REDACTED]

Current Employers Owner - Cherokee County LPA LLC

Job Title owner / manager Years in current position 3 years, 3 mos

Business Phone: [REDACTED] Fax: 828-837-9921

E-Mail Address: Phoebe.Donohue@CherokeeCountyLPA.com

Duties Owner and manager of both Murphy & Franklin Tag office
Title Clerk, Dealership relations, Administrative, and Customer Service

Other employment history Appalachian Community Service 5 years as medical records
Specialist

It is the Board of Commissioners goal to maintain a balance of membership on its
Boards/Commissions/Committees based on race, gender and County district residency.

District No. 5

Male Female ✓

White ✓ Black Hispanic Native American Asian Other

Board/Commission/Committee Applying For (list only one per form) Nasa

Generally, the Board of Commissioners desires to broaden participation on
Boards/Commissions/Committees for as much citizen involvement as possible; therefore, a goal is to
limit appointees to no more than 2 Boards/Commissions/Committees. Therefore, please list any other
Boards/Commissions/Committees on which you currently serve:

None

Why are you interested in serving on this Board/Commission/Committee?

I would like to be a voice for families and their children
in Cherokee County

DO NOT SUBMIT RESUMES/ATTACHMENTS
(OVER)

Interests/Skills/Areas of Expertise/Professional Organizations/Activities: I have ideas
and can research how to do them. Having 4 children in this
Community and being a part of the homeschool Community and now
having my kids in public school now I have a lot of knowledge
of many things. I also want to see Murphy thrive and still keep its
charm.

Affirmation of Eligibility:

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes _____ No X If yes, please explain disposition: _____

Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners? Yes _____ No X

If yes, please explain: _____

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee. I understand regular attendance to any Council Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the County Manager and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.

Signature:  Date: 1/11/2023
Form is invalid if not signed and dated

Return completed form to:

Clerk to the Board
75 Peachtree Street, Suite 112
Murphy, NC 28906
Phone: (828) 837-5527 Fax: (828) 837-9684

Applicants are required to be a resident of Cherokee County

MUST PROVIDE VALID ID OR DRIVER'S LICENSE AS PROOF OF RESIDENCY



Cherokee County
Application for Boards/Commissions/Committees

Please complete each section

Full Name Robin Ian Sargent Date of Birth [REDACTED]

Home Address 208 Tomahawk Trail

Home Phone [REDACTED]

Current Employers Old Town Brokers Real Estate

Job Title Owner Years in current position 10

Business Phone: [REDACTED] Fax:

E-Mail Address: robin@oldtownbrokers.com

Duties Manage dynamic team of professional realtors

Other employment history 30 yrs IBM computer strategy specialist

It is the Board of Commissioners goal to maintain a balance of membership on its Boards/Commissions/Committees based on race, gender and County district residency.

District No.

Male M Female

White X Black Hispanic Native American Asian Other

Board/Commission/Committee Applying For (list only one per form) NASA

Generally, the Board of Commissioners desires to broaden participation on Boards/Commissions/Committees for as much citizen involvement as possible; therefore, a goal is to limit appointees to no more than 2 Boards/Commissions/Committees. Therefore, please list any other Boards/Commissions/Committees on which you currently serve:

Cherokee County Board of Health

Why are you interested in serving on this Board/Commission/Committee?

To contribute my experience/knowledge to help better the future of the county

DO NOT SUBMIT RESUMES/ATTACHMENTS
(OVER)

Interests/Skills/Areas of Expertise/Professional Organizations/Activities: _____

I am experienced in board participation. Skilled and specialize product/services/corporate strategy definition

focused on identification of objectives/goals needed to achieve those goals including the proposed

roadmap to meet targeted goal. Currently Director of the Town of Andrews Zoning and Planning board.

Affirmation of Eligibility:

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes _____ No ☒ If yes, please explain disposition: _____

Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners? Yes _____ No ☒

If yes, please explain: _____

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee. I understand regular attendance to any Council Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the County Manager and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.

Signature: _____ Date: 1/12/2023
Form is invalid if not signed and dated

Return completed form to:

Clerk to the Board
75 Peachtree Street, Suite 112
Murphy, NC 28906
Phone: (828) 837-5527 Fax: (828) 837-9684

Applicants are required to be a resident of Cherokee County

MUST PROVIDE VALID ID OR DRIVER'S LICENSE AS PROOF OF RESIDENCY



Cherokee County
Application for Boards/Commissions/Committees

Please complete each section

Full Name Anne C. Rose Date of Birth [REDACTED]

Home Address 620 Hill Street

Home Phone 828-837-3697 [REDACTED]

Current Employers 3

Job Title Owner of INS Agency Years in current position 4 3

Business Phone: [REDACTED] Fax: 828-837-3697

E-Mail Address: annecroseinsurance@gmail.com

Duties Owner, Supervisor, Trainer
INSURANCE sales, Medicare professional.

Other employment history N/A

It is the Board of Commissioners goal to maintain a balance of membership on its Boards/Commissions/Committees based on race, gender and County district residency.

District No. 3

Male _____ Female ☒

White _____ Black _____ Hispanic _____ Native American ☒ Asian _____ Other _____

Board/Commission/Committee Applying For (list only one per form) NASA Committee

Generally, the Board of Commissioners desires to broaden participation on Boards/Commissions/Committees for as much citizen involvement as possible; therefore, a goal is to limit appointees to no more than 2 Boards/Commissions/Committees. Therefore, please list any other Boards/Commissions/Committees on which you currently serve:

Why are you interested in serving on this Board/Commission/Committee? I want to

help promote our county to make it prosper and
become a better place to live.

DO NOT SUBMIT RESUMES/ATTACHMENTS
(OVER)

Interests/Skills/Areas of Expertise/Professional Organizations/Activities:

Teach SON DAY School and Bible School @ Friendship
Baptist, Member of Cherokee County Rotary and on
Various committees, and Rotary Reads at Murphy Elementary
Work with Medicare-Medicaid recipients who are
over 65, I love old people. And number
and statistics!

Affirmation of Eligibility:

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes

No ☒

If yes, please explain disposition:

Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners? Yes ☐ No ☒

If yes, please explain:

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee. I understand regular attendance to any Council Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the County Manager and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.

Signature:

Date:

1-20-23

Form is invalid if not signed and dated

Return completed form to:

Clerk to the Board
75 Peachtree Street, Suite 112
Murphy, NC 28906
Phone: (828) 837-5527 Fax: (828) 837-9684

Applicants are required to be a resident of Cherokee County

MUST PROVIDE VALID ID OR DRIVER'S LICENSE AS PROOF OF RESIDENCY



Cherokee County
Application for Boards/Commissions/Committees

Please complete each section

Full Name William Joseph Gelert Date of Birth [REDACTED]

Home Address 112 Wilkinson Lane Murphy NC 28906

Home Phone [REDACTED]

Current Employers Retired

Job Title N/A Years in current position N/A

Business Phone: N/A Fax: N/A

E-Mail Address: gelertwj@protonmail.com

Duties Career in insurance/reinsurance retired as SA.V.P.

Other employment history Certified English Teacher

It is the Board of Commissioners goal to maintain a balance of membership on its Boards/Commissions/Committees based on race, gender and County district residency.

District No. 11 (Brasstown Precinct)

Male ☒ Female ☐

White ☒ Black ☐ Hispanic ☐ Native American ☐ Asian ☐ Other ☐

Board/Commission/Committee Applying For (list only one per form) Planning

Generally, the Board of Commissioners desires to broaden participation on Boards/Commissions/Committees for as much citizen involvement as possible; therefore, a goal is to limit appointees to no more than 2 Boards/Commissions/Committees. Therefore, please list any other Boards/Commissions/Committees on which you currently serve:

None

Why are you interested in serving on this Board/Commission/Committee? The belief that

Cherokee County needs a formal Planning entity it it is to

DO NOT SUBMIT RESUMES/ATTACHMENTS have a bright future
(OVER)

Good analytical skills. Experienced at risk management and planning.
Good written communication skills. Historically aware, civically
involved. Good organizational skills. Enjoys working with others.

Affirmation of Eligibility:

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes _____ No X If yes, please explain disposition: N/A

Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners? Yes _____ No X

If yes, please explain: N/A

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee. I understand regular attendance to any Council Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the County Manager and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.

Signature: [Redacted] Date: 23 January 2023
Form is invalid if not signed and dated

Return completed form to:

Clerk to the Board
75 Peachtree Street, Suite 112
Murphy, NC 28906
Phone: (828) 837-5527 Fax: (828) 837-9684

Applicants are required to be a resident of Cherokee County

MUST PROVIDE VALID ID OR DRIVER'S LICENSE AS PROOF OF RESIDENCY



**Cherokee County
Application for Boards/Commissions/Committees**

Please complete each section

Full Name PHILIP ST. JOHN Date of Birth [REDACTED]

Home Address 265 AERIE LOOP, MURPHY, NC 28906

Home Phone [REDACTED]

Current Employers GENUITY GROUP, LLC

Job Title FOUNDER, CEO Years in current position 22

Business Phone: [REDACTED] Fax: [REDACTED]

E-Mail Address: PSTJOHN@GENUITYGROUP.COM

Duties MANAGE CORPORATE OVERSIGHT INCLUDING BUSINESS STRATEGY, GROWTH,

FINANCIALS, OPERATIONS, HUMAN RESOURCES, NEW BUSINESS, NEGOTIATIONS, CONTRACTING,
AND RESEARCH AND DEVELOPMENT.

Other employment history PRESIDENT OF PRIMETECH AND SENIOR PRINCIPAL OF
AMERICAN MANAGEMENT SYSTEMS, INC.

It is the Board of Commissioners goal to maintain a balance of membership on its
Boards/Commissions/Committees based on race, gender and County district residency.

District No. RRASSTOWN

Male ☒ Female ☐

White ☒ Black ☐ Hispanic ☐ Native American ☐ Asian ☐ Other ☐

Board/Commission/Committee Applying For (list only one per form) NEEDS AND SOLUTIONS
ADVISORY COMMITTEE

Generally, the Board of Commissioners desires to broaden participation on
Boards/Commissions/Committees for as much citizen involvement as possible; therefore, a goal is to
limit appointees to no more than 2 Boards/Commissions/Committees. Therefore, please list any other
Boards/Commissions/Committees on which you currently serve:

NONE

Why are you interested in serving on this Board/Commission/Committee? I LOVE LIVING IN

CHEROKEE COUNTY AND BELIEVE I CAN HELP MAKE A POSITIVE AND MEANINGFUL
DIFFERENCE IN OUR COUNTY.

**DO NOT SUBMIT RESUMES/ATTACHMENTS
(OVER)**

Interests/Skills/Areas of Expertise/Professional Organizations/Activities: I ENJOY NEW
CHALLENGES, CREATING BUSINESS SOLUTIONS AND INNOVATION

Affirmation of Eligibility:

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes _____ No ☒ If yes, please explain disposition: _____

Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners? Yes _____ No ☒

If yes, please explain: _____

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee. I understand regular attendance to any Council Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the County Manager and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.

Signature: _____ Date: 1/24/2022
Form is invalid if not signed and dated

Return completed form to:

Clerk to the Board
75 Peachtree Street, Suite 112
Murphy, NC 28906
Phone: (828) 837-5527 Fax: (828) 837-9684

Applicants are required to be a resident of Cherokee County

January 24, 2023

Clerk to the Board
75 Peachtree Street
Murphy, NC 28906

Re: Cherokee County Needs and Solutions Advisory Committee

Dear Maria Hass

Enclosed is my application for consideration of appointment to Cherokee County's Needs and Solution Advisory Committee.

I am a fulltime Murphy resident and love living in Cherokee County.

My personal experience includes launching and growing new businesses, helping organizations create strategies and accomplish important initiatives. I enjoy working with individuals, businesses and organizations in addressing challenges, exploring options and developing meaningful strategies to be successful. I have significant experience in helping businesses and organizations succeed.

My history of volunteer service includes serving on various community advisory committees, a board member for a charter school and officer of a not-for-profit conservation organization.

I'm seeking an opportunity to work with our county leaders in making a positive and meaningful difference in Cherokee County.

Sincerely,

A handwritten signature in dark ink, appearing to read 'P. St. John', is written over the printed name.

Phillip St. John



Cherokee County
Application for Boards/Commissions/Committees

Please complete each section

Full Name Callie R. Radford Date of Birth [REDACTED]

Home Address 624 New Martins Creek Rd Murphy, NC 28906

Home Phone [REDACTED]

Current Employers Tri-County Community College

Job Title Enrollment Management Coordinator Years in current position 2

Business Phone: 828-835-4221 Fax: _____

E-Mail Address: cradford@tricountycc.edu

Duties Process applications, assist with residency determination, transcript evaluation/input

Other employment history _____

It is the Board of Commissioners goal to maintain a balance of membership on its Boards/Commissions/Committees based on race, gender and County district residency.

District No. Brasstown, Congressional District 11

Male _____ Female ☒

White ☒ Black _____ Hispanic _____ Native American _____ Asian _____ Other _____

Board/Commission/Committee Applying For (list only one per form) NASA

Generally, the Board of Commissioners desires to broaden participation on Boards/Commissions/Committees for as much citizen involvement as possible; therefore, a goal is to limit appointees to no more than 2 Boards/Commissions/Committees. Therefore, please list any other Boards/Commissions/Committees on which you currently serve:

NA

Why are you interested in serving on this Board/Commission/Committee? _____

Involvement in the community. Network with others whom care about the future of Cherokee Co.

DO NOT SUBMIT RESUMES/ATTACHMENTS
(OVER)

Interests/Skills/Areas of Expertise/Professional Organizations/Activities: _____

Detail oriented, fair minded, enjoy data input. Local but spend years 2010-2020 in Wilmington, NC.

Currently working toward a MS in Higher Education. Interest in local politics.

Enjoy being outdoors, gardening, raising animals, etc.

Affirmation of Eligibility:

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes _____ No ☒ If yes, please explain disposition: _____

Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners? Yes _____ No ☒

If yes, please explain: _____

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee. I understand regular attendance to any Council Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the County Manager and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.

Signature: _____

Date: 1/26/2023

Form is invalid if not signed and dated

Return completed form to:

Clerk to the Board
75 Peachtree Street, Suite 112
Murphy, NC 28906
Phone: (828) 837-5527 Fax: (828) 837-9684

Applicants are required to be a resident of Cherokee County

MUST PROVIDE VALID ID OR DRIVER'S LICENSE AS PROOF OF RESIDENCY



**Cherokee County
Application for Boards/Commissions/Committees**

Please complete each section

Full Name Jeanie Elaine Setser Teague Date of Birth [REDACTED]

Home Address 369 Vandora Suits Rd, Murphy NC 28906

Home Phone [REDACTED]

Current Employers USDA - Farm Service Agency (FSA)

Job Title District Director Years in current position 12

Business Phone: [REDACTED] Fax: none

E-Mail Address: teaguejeanie@yahoo.com

Duties FSA administers federal farm programs. With office headquarters in Raleigh, I serve as liaison to the 23 western counties in NC. I oversee operations for 13 FSA County Offices with 30 employees & 61 committee members.

Other employment history I have been employed with USDA for 33 years.

It is the Board of Commissioners goal to maintain a balance of membership on its Boards/Commissions/Committees based on race, gender and County district residency.

District No. 4

Male _____ Female X

White X Black _____ Hispanic _____ Native American _____ Asian _____ Other _____

Board/Commission/Committee Applying For (list only one per form) NASA

Generally, the Board of Commissioners desires to broaden participation on Boards/Commissions/Committees for as much citizen involvement as possible; therefore, a goal is to limit appointees to no more than 2 Boards/Commissions/Committees. Therefore, please list any other Boards/Commissions/Committees on which you currently serve:

Secretary for Peachtree Community Development Club; Music Committee at Peachtree Memorial Baptist Church

Why are you interested in serving on this Board/Commission/Committee? I want to see the county progress/grow/develop

In a way that benefits all current residents as well as future generations, while making/maintaining the county an attractive place for business and visitors alike.

**DO NOT SUBMIT RESUMES/ATTACHMENTS
(OVER)**

Interests/Skills/Areas of Expertise/Professional Organizations/Activities: _____

I am familiar with working with various & multiple groups - federal, tribal, state & county - on large projects. _____

I completed the Homegrown Leaders Course offered by the NC Rural Center. _____

I have held various positions in NASCOE (Nat'l Assoc of County FSA Office Employees), including National Awards Chair & State President & Vice-Pres.

Member: NADD - Nat'l Assoc of FSA District Directors
NARFE - Nat'l Assoc of Retired Federal Employees
Affirmation of Eligibility:

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes _____ No ☒ If yes, please explain disposition: _____

Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners? Yes _____ No ☒

If yes, please explain: _____

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee. I understand regular attendance to any Council Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the County Manager and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.

Signature _____

Date: 01-30-2023

Form is invalid if not signed and dated

Return completed form to:

Clerk to the Board

75 Peachtree Street, Suite 112

Murphy, NC 28906

Phone: (828) 837-5527 Fax: (828) 837-9684

Applicants are required to be a resident of Cherokee County

MUST PROVIDE VALID ID OR DRIVER'S LICENSE AS PROOF OF RESIDENCY



Cherokee County
Application for Boards/Commissions/Committees

Please complete each section

Full Name Mark Stiles Date of Birth [REDACTED]

Home Address 135 greenlawn cemetery road Murphy NC 28906

Home Phone [REDACTED]

Current Employers Self-employed

Job Title Car wash Years in current position 16

Business Phone: _____ Fax: _____

E-Mail Address: estiles84@gmail.com

Duties Owner/operator of Hayesville touchless wash. Recently sold laundromat after 26 year

Also rent commercial business plaza.

Other employment history Stiles furniture owner/operator. Sold business.

It is the Board of Commissioners goal to maintain a balance of membership on its Boards/Commissions/Committees based on race, gender and County district residency.

District No. 2

Male ☒ Female _____

White ☒ Black _____ Hispanic _____ Native American _____ Asian _____ Other _____

Board/Commission/Committee Applying For (list only one per form) NASA

Generally, the Board of Commissioners desires to broaden participation on Boards/Commissions/Committees for as much citizen involvement as possible; therefore, a goal is to limit appointees to no more than 2 Boards/Commissions/Committees. Therefore, please list any other Boards/Commissions/Committees on which you currently serve:
N

Cherokee county GOP executive committee.

Why are you interested in serving on this Board/Commission/Committee? I like discovering optimal solutions to problems.

DO NOT SUBMIT RESUMES/ATTACHMENTS
(OVER)

Interests/Skills/Areas of Expertise/Professional Organizations/Activities: Served as exective
Director at Four Square Community Action. Forecasting, planning, finance, human
Resources, and securing grants for program.

Affirmation of Eligibility:

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes _____ No X If yes, please explain disposition: _____

Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners? Yes _____ No X

If yes, please explain: _____

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee. I understand regular attendance to any Council Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the County Manager and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.

Signature: _____

Date: 1-30-2023

Form is invalid if not signed and dated

Return completed form to:

Clerk to the Board
75 Peachtree Street, Suite 112
Murphy, NC 28906
Phone: (828) 837-5527 Fax: (828) 837-9684

Applicants are required to be a resident of Cherokee County

MUST PROVIDE VALID ID OR DRIVER'S LICENSE AS PROOF OF RESIDENCY

RESOLUTION OPPOSING PROPOSED ROUNDABOUTS IN CHEROKEE COUNTY

WHEREAS, US Highway 19/64/74 runs through the heart of Cherokee County and the Town of Murphy and serves all of the citizens of and visitors to Cherokee County.

WHEREAS, Murphy, North Carolina is the County Seat of Cherokee County.

WHEREAS, The government of the Town of Murphy has advocated for a roundabout in the center of the Seat of Cherokee County without consultation with the government of Cherokee County and without consideration of the impact to Cherokee County facilities and services located within the County Seat.

WHEREAS, Cherokee County maintains ownership of the Charters of Freedom documents currently situated in the area that would be occupied by the proposed roundabout and has an interest in the location of said documents that are the foundation of our great nation for all the world see.

WHEREAS, the NCDOT has proposed and intends to construct a roundabout on US 64 in Murphy near the intersection of Marks Drive near the county owned and operated 911 Communications Center and county maintenance facility.

WHEREAS, the North Carolina Department of Transportation (NCDOT) has proceeded with plans to install a roundabout in the center of the County Seat of Cherokee County and in an area adjacent to Cherokee County governmental operations without consultation with the government of Cherokee County.

WHEREAS, roundabouts are ill-conceived, unnecessary and would only serve to cause traffic congestion and confusion among the motoring public and provide unnecessary dangers to pedestrians.

WHEREAS, the proposed roundabouts fail to consider the considerable pedestrian traffic in the downtown Murphy area.

WHEREAS, the NCDOT has failed to receive public input and input from Cherokee County and its citizens.

WHEREAS, recent engineering designs of NCDOT have been called into question by the confusing structure and design of the intersection of

US 74 and US 19 (Hiwassee Street) and Old Ranger Road near the Murphy First Baptist Church.

WHEREFORE, it is hereby RESOLVED by the Cherokee County Board of Commissioners that Cherokee County is opposed to the installation of roundabouts in and near Murphy. It is furthermore RESOLVED that Cherokee County calls upon the NCDOT to conduct live public hearings allowing all Cherokee County citizens to voice their opinions regarding the proposed roundabouts and that further planning and construction be suspended.

The Clerk to the Cherokee County Board of Commissioners is directed to forward this resolution to NC Representative Karl Gillespie, NC Senator Kevin Corbin and the NCDOT.
This the 6th day of February 2023.

Cal Stiles, Chairman

Attest:

Maria Hass, Clerk to the Board